| Hospital Name | Provider Number | State |
|-------------------------------|--------------------|-------|
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |

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| Period | Claim Type |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |

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| Avg Spending Per Episode (Hospital) | Avg Spending Per Episode (State) | Avg Spending Per Episode (Nation) |
|--|-------------------------------------|--------------------------------------|
| \$7.00 | \$5.00 | \$14.00 |
| \$1.00 | \$0.00 | \$1.00 |
| \$7.00 | \$5.00 | \$5.00 |
| \$307.00 | \$145.00 | \$68.00 |
| \$3.00 | \$2.00 | \$3.00 |
| \$6.00 | \$9.00 | \$9.00 |
| \$119.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8461.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$13.00 | \$19.00 | \$24.00 |
| \$1618.00 | \$1653.00 | \$1804.00 |
| \$499.00 | \$338.00 | \$696.00 |
| \$110.00 | \$79.00 | \$110.00 |
| \$2018.00 | \$1777.00 | \$2493.00 |
| \$718.00 | \$729.00 | \$602.00 |
| \$2812.00 | \$2700.00 | \$3012.00 |

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| Percent of Spending (Hospital) | Percent of Spending (State) |
|--------------------------------|-----------------------------|
| 0.04% | 0.03% |
| 0% | 0% |
| 0.04% | 0.03% |
| 1.74% | 0.84% |
| 0.02% | 0.01% |
| 0.03% | 0.05% |
| 0.67% | 0.84% |
| 0% | 0% |
| 0% | 0% |
| 48.08% | 51.18% |
| 0% | 0% |
| 0% | 0% |
| 0.07% | 0.11% |
| 9.19% | 9.57% |
| 2.84% | 1.96% |
| 0.63% | 0.46% |
| 11.47% | 10.3% |
| 4.08% | 4.22% |
| 15.98% | 15.64% |

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| Percent of Spending | (Nation) |
|---------------------|----------|
| | 0.07% |
| | 0% |
| | 0.03% |
| | 0.37% |
| | 0.02% |
| | 0.05% |
| l | 0.83% |
| | 0% |
| | 0% |
| | 45.18% |
| | 0% |
| | 0% |
| | 0.13% |
| | 9.83% |
| | 3.79% |
| l | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |

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| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
|--|--------|----|
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| NORTH MEMORIAL MEDICAL CENTER | 240001 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
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| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |

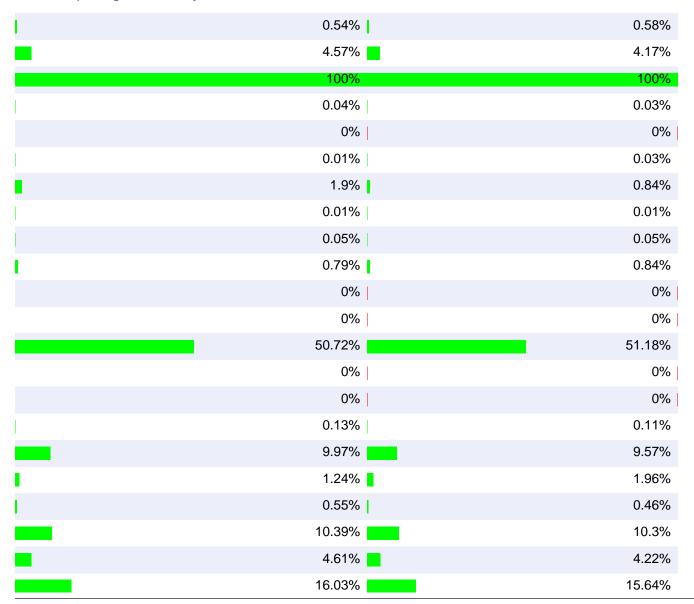
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| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |

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| \$108.00 | \$101.00 | \$95.00 |
|------------|------------|------------|
| \$963.00 | \$720.00 | \$804.00 |
| \$18358.00 | \$17263.00 | \$17598.00 |
| \$14.00 | \$5.00 | \$7.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$1.00 |
| \$68.00 | \$145.00 | \$362.00 |
| \$3.00 | \$2.00 | \$1.00 |
| \$9.00 | \$9.00 | \$9.00 |
| \$152.00 | \$145.00 | \$151.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8294.00 | \$8835.00 | \$9664.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$25.00 |
| \$1804.00 | \$1653.00 | \$1900.00 |
| \$696.00 | \$338.00 | \$237.00 |
| \$110.00 | \$79.00 | \$106.00 |
| \$2493.00 | \$1777.00 | \$1980.00 |
| \$602.00 | \$729.00 | \$878.00 |
| \$3012.00 | \$2700.00 | \$3054.00 |

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| I | 0.59% |
|---|--------|
| _ | 5.25% |
| | 100% |
| | 0.07% |
| | 0% |
| | 0.03% |
| I | 0.37% |
| | 0.02% |
| | 0.05% |
| I | 0.83% |
| | 0% |
| | 0% |
| | 45.18% |
| | 0% |
| | 0% |
| | 0.13% |
| | 9.83% |
| | 3.79% |
| | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |

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| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
|--|--------|----|
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| ESSENTIA HEALTH ST MARY'S MEDICAL CENTER | 240002 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
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| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |

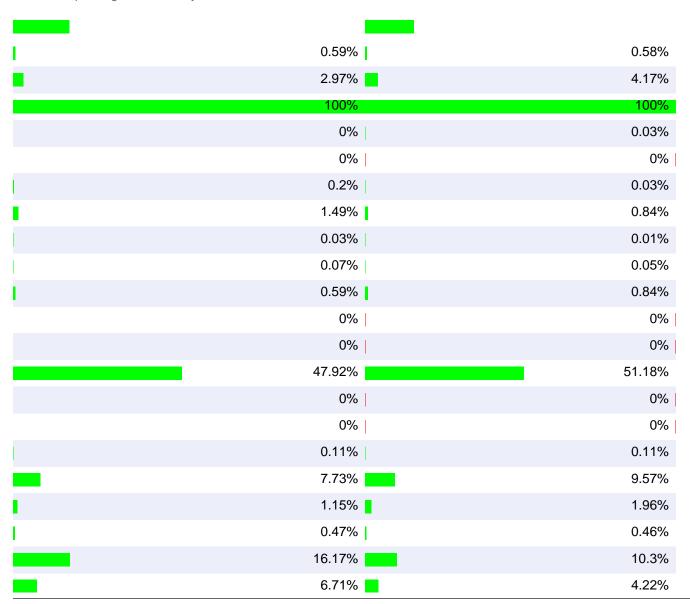
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| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |

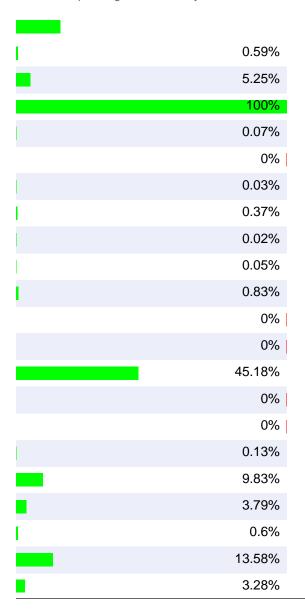
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| \$113.00 | \$101.00 | \$108.00 |
|------------|------------|------------|
| \$567.00 | \$720.00 | \$963.00 |
| \$19054.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$36.00 | \$5.00 | \$5.00 |
| \$272.00 | \$145.00 | \$68.00 |
| \$5.00 | \$2.00 | \$3.00 |
| \$12.00 | \$9.00 | \$9.00 |
| \$108.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8737.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$20.00 | \$19.00 | \$24.00 |
| \$1410.00 | \$1653.00 | \$1804.00 |
| \$209.00 | \$338.00 | \$696.00 |
| \$86.00 | \$79.00 | \$110.00 |
| \$2948.00 | \$1777.00 | \$2493.00 |
| \$1223.00 | \$729.00 | \$602.00 |

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| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
|--------------------------------|--------|----|
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| HENNEPIN COUNTY MEDICAL CENTER | 240004 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
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| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |

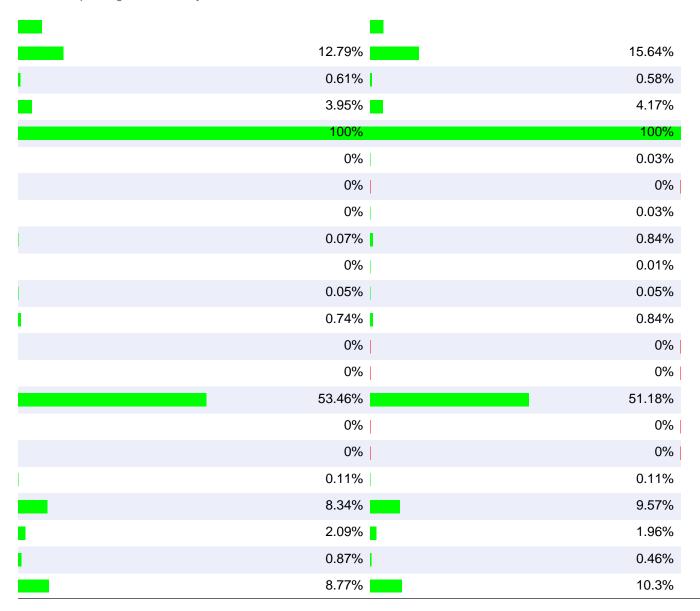
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| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |

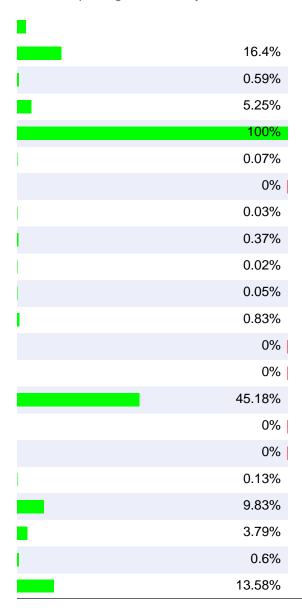
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| \$2331.00 | \$2700.00 | \$3012.00 |
|------------|------------|------------|
| \$112.00 | \$101.00 | \$108.00 |
| \$720.00 | \$720.00 | \$963.00 |
| \$18231.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$11.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$8.00 | \$9.00 | \$9.00 |
| \$109.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7930.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$17.00 | \$19.00 | \$24.00 |
| \$1237.00 | \$1653.00 | \$1804.00 |
| \$310.00 | \$338.00 | \$696.00 |
| \$129.00 | \$79.00 | \$110.00 |
| \$1300.00 | \$1777.00 | \$2493.00 |

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| OLMSTED MEDICAL CENTER | 240006 | MN |
|------------------------|--------|----|
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| OLMSTED MEDICAL CENTER | 240006 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
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| ST MARYS HOSPITAL | 240010 | MN |

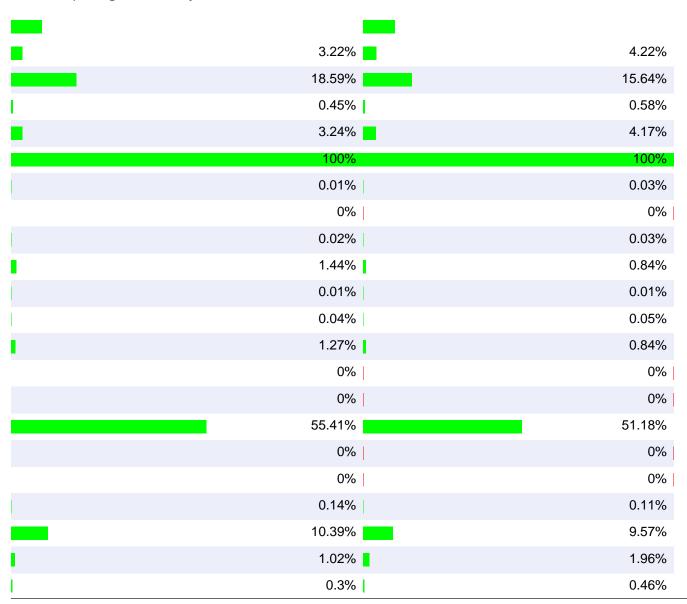
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| 1 through 30 days After Discharge from Index Hospi | Outpatient |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |

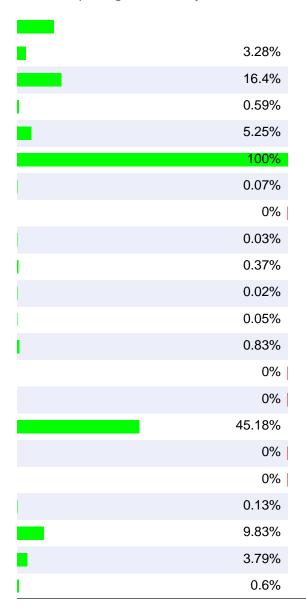
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| \$478.00 | \$729.00 | \$602.00 |
|------------|------------|------------|
| \$2757.00 | \$2700.00 | \$3012.00 |
| \$67.00 | \$101.00 | \$108.00 |
| \$481.00 | \$720.00 | \$963.00 |
| \$14834.00 | \$17263.00 | \$18358.00 |
| \$2.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$5.00 | \$5.00 | \$5.00 |
| \$301.00 | \$145.00 | \$68.00 |
| \$2.00 | \$2.00 | \$3.00 |
| \$7.00 | \$9.00 | \$9.00 |
| \$265.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$11616.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$28.00 | \$19.00 | \$24.00 |
| \$2179.00 | \$1653.00 | \$1804.00 |
| \$214.00 | \$338.00 | \$696.00 |
| \$63.00 | \$79.00 | \$110.00 |

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| ST MARYS HOSPITAL | 240010 | MN |
|---------------------|--------|----|
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| ST MARYS HOSPITAL | 240010 | MN |
| NORTHFIELD HOSPITAL | 240014 | MN |

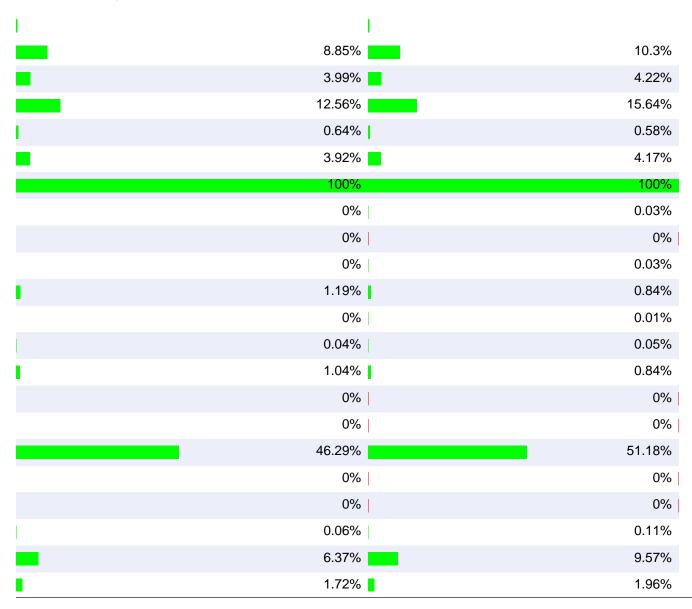
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| 1 through 30 days After Discharge from Index Hospi | Inpatient |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |

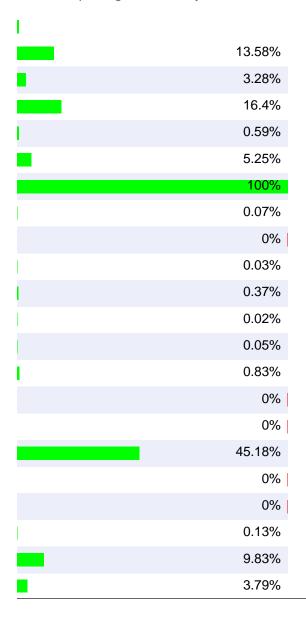
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| A | ^ | * |
|------------|------------|------------|
| \$2493.00 | \$1777.00 | \$1855.00 |
| \$602.00 | \$729.00 | \$837.00 |
| \$3012.00 | \$2700.00 | \$2634.00 |
| \$108.00 | \$101.00 | \$134.00 |
| \$963.00 | \$720.00 | \$821.00 |
| \$18358.00 | \$17263.00 | \$20965.00 |
| \$14.00 | \$5.00 | \$0.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$0.00 |
| \$68.00 | \$145.00 | \$150.00 |
| \$3.00 | \$2.00 | \$0.00 |
| \$9.00 | \$9.00 | \$4.00 |
| \$152.00 | \$145.00 | \$132.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8294.00 | \$8835.00 | \$5855.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$7.00 |
| \$1804.00 | \$1653.00 | \$805.00 |
| \$696.00 | \$338.00 | \$217.00 |

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| NORTHFIELD HOSPITAL | 240014 | MN |
|----------------------------|--------|----|
| NORTHFIELD HOSPITAL | 240014 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
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| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |

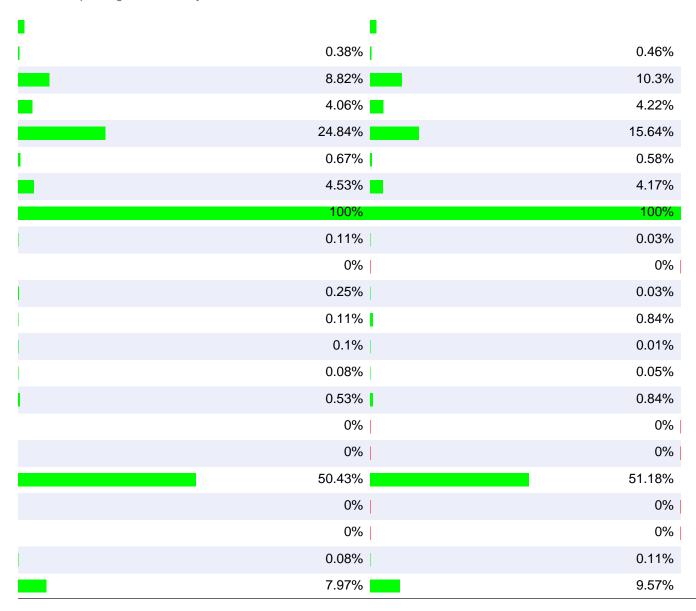
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1 through 30 days After Discharge from Index Hospi Hospice 1 through 30 days After Discharge from Index Hospi Inpatient 1 through 30 days After Discharge from Index Hospi Outpatient Skilled Nursing Facility 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi **Durable Medical Equipment** 1 through 30 days After Discharge from Index Hospi Carrier Complete Episode Total 1 to 3 days Prior to Index Hospital Admission Home Health Agency 1 to 3 days Prior to Index Hospital Admission Hospice 1 to 3 days Prior to Index Hospital Admission Inpatient 1 to 3 days Prior to Index Hospital Admission Outpatient Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission **Durable Medical Equipment** Carrier 1 to 3 days Prior to Index Hospital Admission Home Health Agency **During Index Hospital Admission During Index Hospital Admission** Hospice **During Index Hospital Admission** Inpatient Outpatient **During Index Hospital Admission** Skilled Nursing Facility **During Index Hospital Admission During Index Hospital Admission Durable Medical Equipment** Carrier **During Index Hospital Admission**

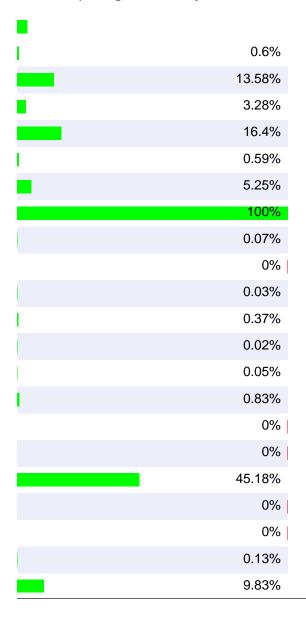
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| \$48.00 | \$79.00 | \$110.00 |
|------------|------------|------------|
| \$1116.00 | \$1777.00 | \$2493.00 |
| \$514.00 | \$729.00 | \$602.00 |
| \$3142.00 | \$2700.00 | \$3012.00 |
| \$84.00 | \$101.00 | \$108.00 |
| \$572.00 | \$720.00 | \$963.00 |
| \$12647.00 | \$17263.00 | \$18358.00 |
| \$15.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$35.00 | \$5.00 | \$5.00 |
| \$15.00 | \$145.00 | \$68.00 |
| \$15.00 | \$2.00 | \$3.00 |
| \$12.00 | \$9.00 | \$9.00 |
| \$76.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7220.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$12.00 | \$19.00 | \$24.00 |
| \$1141.00 | \$1653.00 | \$1804.00 |

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| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
|----------------------------|--------|----|
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| FAIRVIEW RED WING HOSPITAL | 240018 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
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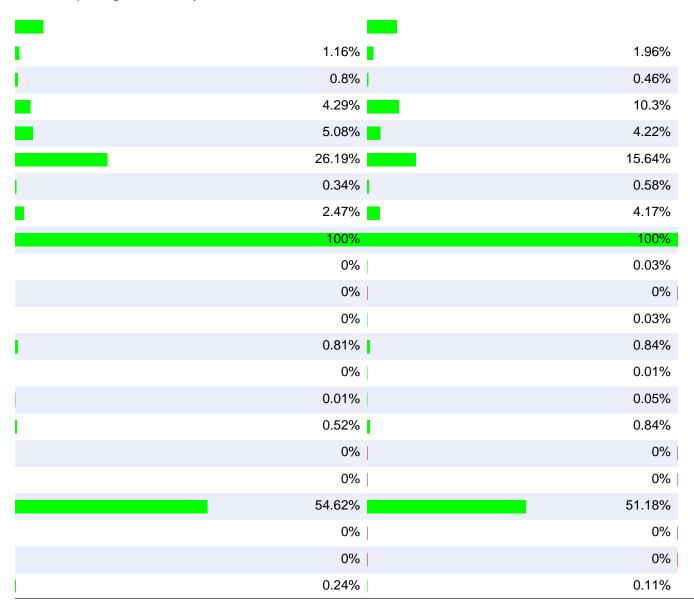
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| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |

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| \$167.00 | \$338.00 | \$696.00 |
|------------|------------|------------|
| \$115.00 | \$79.00 | \$110.00 |
| \$614.00 | \$1777.00 | \$2493.00 |
| \$727.00 | \$729.00 | \$602.00 |
| \$3749.00 | \$2700.00 | \$3012.00 |
| \$48.00 | \$101.00 | \$108.00 |
| \$354.00 | \$720.00 | \$963.00 |
| \$14317.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$111.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$1.00 | \$9.00 | \$9.00 |
| \$71.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7486.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$32.00 | \$19.00 | \$24.00 |

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| ESSENTIA HEALTH DULUTH | 240019 | MN |
|--------------------------|--------|----|
| ESSENTIA HEALTH DULUTH | 240019 | MN |
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| ESSENTIA HEALTH DULUTH | 240019 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
| ESSENTIA HEALTH DULUTH | 240019 | MN |
| CAMBRIDGE MEDICAL CENTER | 240020 | MN |
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| CAMBRIDGE MEDICAL CENTER | 240020 | MN |

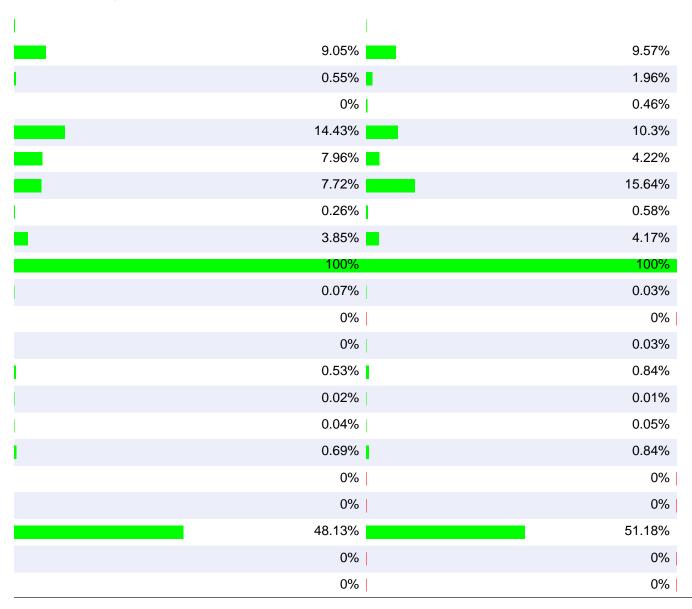
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| During Index Hospital Admission | Carrier |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |

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| \$1240.00 | \$1653.00 | \$1804.00 |
|------------|------------|------------|
| \$76.00 | \$338.00 | \$696.00 |
| \$0.00 | \$79.00 | \$110.00 |
| \$1978.00 | \$1777.00 | \$2493.00 |
| \$1091.00 | \$729.00 | \$602.00 |
| \$1058.00 | \$2700.00 | \$3012.00 |
| \$35.00 | \$101.00 | \$108.00 |
| \$528.00 | \$720.00 | \$963.00 |
| \$13706.00 | \$17263.00 | \$18358.00 |
| \$9.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$74.00 | \$145.00 | \$68.00 |
| \$3.00 | \$2.00 | \$3.00 |
| \$5.00 | \$9.00 | \$9.00 |
| \$96.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6708.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |

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| CAMBRIDGE MEDICAL CENTER | 240020 | MN |
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| CAMBRIDGE MEDICAL CENTER | 240020 | MN |
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| CAMBRIDGE MEDICAL CENTER | 240020 | MN |
| CAMBRIDGE MEDICAL CENTER | 240020 | MN |
| CAMBRIDGE MEDICAL CENTER | 240020 | MN |
| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
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| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |

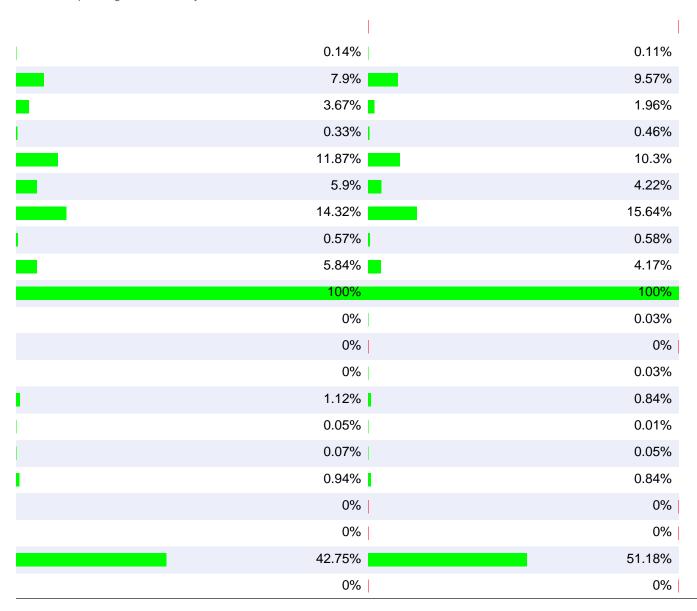
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| During Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |

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| \$19.00 | \$19.00 | \$24.00 |
|------------|------------|------------|
| \$1101.00 | \$1653.00 | \$1804.00 |
| \$511.00 | \$338.00 | \$696.00 |
| \$46.00 | \$79.00 | \$110.00 |
| \$1654.00 | \$1777.00 | \$2493.00 |
| \$823.00 | \$729.00 | \$602.00 |
| \$1996.00 | \$2700.00 | \$3012.00 |
| \$80.00 | \$101.00 | \$108.00 |
| \$814.00 | \$720.00 | \$963.00 |
| \$13938.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$154.00 | \$145.00 | \$68.00 |
| \$6.00 | \$2.00 | \$3.00 |
| \$9.00 | \$9.00 | \$9.00 |
| \$128.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$5861.00 | \$8835.00 | \$8294.00 |
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| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
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| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
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| SANFORD WORTHINGTON MEDICAL CENTER | 240022 | MN |
| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
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| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
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| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
| DOUGLAS COUNTY HOSPITAL | 240030 | MN |

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| During Index Hospital Admission | Skilled Nursing Facility |
|--|---------------------------|
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |

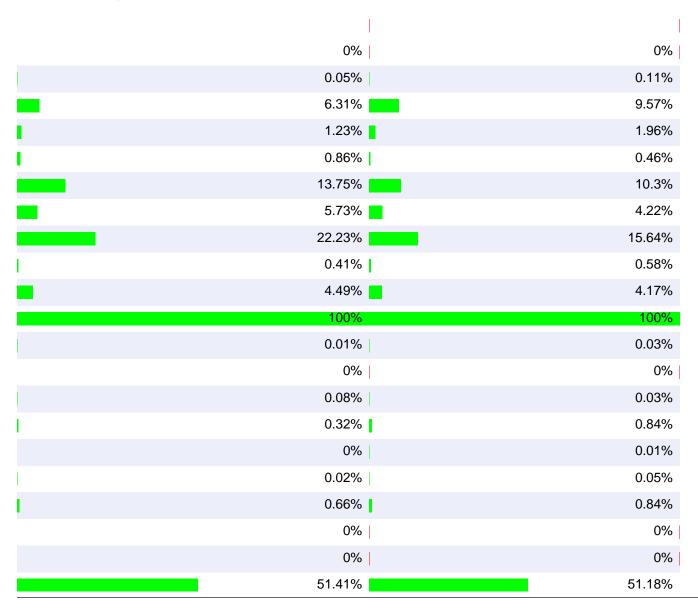
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Spending Breakdown by Claim MN

| Based on S | Spending | Breakdown | by Claim |
|------------|----------|-----------|----------|
|------------|----------|-----------|----------|

| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$7.00 | \$19.00 | \$24.00 |
| \$866.00 | \$1653.00 | \$1804.00 |
| \$169.00 | \$338.00 | \$696.00 |
| \$118.00 | \$79.00 | \$110.00 |
| \$1886.00 | \$1777.00 | \$2493.00 |
| \$786.00 | \$729.00 | \$602.00 |
| \$3048.00 | \$2700.00 | \$3012.00 |
| \$57.00 | \$101.00 | \$108.00 |
| \$616.00 | \$720.00 | \$963.00 |
| \$13711.00 | \$17263.00 | \$18358.00 |
| \$1.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$15.00 | \$5.00 | \$5.00 |
| \$57.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$4.00 | \$9.00 | \$9.00 |
| \$118.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$9108.00 | \$8835.00 | \$8294.00 |

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| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
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| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
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| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
| DOUGLAS COUNTY HOSPITAL | 240030 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |

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| During Index Hospital Admission | Outpatient |
|--|---------------------------|
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$12.00 | \$19.00 | \$24.00 |
| \$1473.00 | \$1653.00 | \$1804.00 |
| \$283.00 | \$338.00 | \$696.00 |
| \$74.00 | \$79.00 | \$110.00 |
| \$1326.00 | \$1777.00 | \$2493.00 |
| \$806.00 | \$729.00 | \$602.00 |
| \$3870.00 | \$2700.00 | \$3012.00 |
| \$63.00 | \$101.00 | \$108.00 |
| \$504.00 | \$720.00 | \$963.00 |
| \$17714.00 | \$17263.00 | \$18358.00 |
| \$4.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$4.00 | \$5.00 | \$5.00 |
| \$85.00 | \$145.00 | \$68.00 |
| \$2.00 | \$2.00 | \$3.00 |
| \$11.00 | \$9.00 | \$9.00 |
| \$94.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |

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| | 0% | 0% |
|--------------|--|--|
| | 0% | 0% |
| | 0.07% | 0.11% |
| | 8.31% | 9.57% |
| I | 1.6% | 1.96% |
| | 0.42% | 0.46% |
| | 7.49% | 10.3% |
| | 4.55% | 4.22% |
| | 21.85% | 15.64% |
| 1 | 0.36% | 0.58% |
| | 2.85% | 4.17% |
| _ | 210070 | 4.17/0 |
| _ | 100% | 100% |
| | | |
| | 100% | 100% |
| | 100% 0.02% | 100% 0.03% |
| | 100% 0.02% 0% | 100% 0.03% 0% |
| | 100% 0.02% 0% 0.02% | 0.03% 0% 0.03% |
| | 100% 0.02% 0% 0.02% 0.02% 0.54% | 100% 0.03% 0% 0.03% 0.84% |
| | 100% 0.02% 0% 0.02% 0.02% 0.04% 0.01% | 100% 0.03% 0% 0.03% 0.84% 0.01% |
| | 100% 0.02% 0% 0.02% 0.054% 0.01% 0.07% | 100% 0.03% 0% 0.03% 0.03% 0.84% 0.01% 0.05% |

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| | 0% |
|--------------|--|
| | 0% |
| | 0.13% |
| | 9.83% |
| | 3.79% |
| I | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| I | 0.59% |
| | 5.25% |
| | 100% |
| | 0.070/ |
| • | 0.07% |
| | 0.07% |
| | |
| | 0% |
| | 0% 0.03% |
| - - | 0% 0.03% 0.37% |
| | 0% 0.03% 0.37% 0.02% |
| | 0% 0.03% 0.37% 0.02% 0.05% |

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| ST CLOUD HOSPITAL | 240036 | MN |
|-------------------|--------|----|
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| ST CLOUD HOSPITAL | 240036 | MN |
| UNITED HOSPITAL | 240038 | MN |

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| During Index Hospital Admission | Inpatient |
|--|---------------------------|
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |

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| \$8194.00 | \$8835.00 | \$8294.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$19.00 | \$19.00 | \$24.00 |
| \$1659.00 | \$1653.00 | \$1804.00 |
| \$331.00 | \$338.00 | \$696.00 |
| \$31.00 | \$79.00 | \$110.00 |
| \$1691.00 | \$1777.00 | \$2493.00 |
| \$740.00 | \$729.00 | \$602.00 |
| \$2120.00 | \$2700.00 | \$3012.00 |
| \$106.00 | \$101.00 | \$108.00 |
| \$634.00 | \$720.00 | \$963.00 |
| \$15725.00 | \$17263.00 | \$18358.00 |
| \$10.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$3.00 | \$5.00 | \$5.00 |
| \$62.00 | \$145.00 | \$68.00 |
| \$1.00 | \$2.00 | \$3.00 |
| \$8.00 | \$9.00 | \$9.00 |
| \$171.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |

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| | 52.11% | 51.18% |
|---|--------|--------|
| | 0% | 0% |
| | 0% | 0% |
| | 0.12% | 0.11% |
| | 10.55% | 9.57% |
| · | 2.11% | 1.96% |
| | 0.2% | 0.46% |
| | 10.75% | 10.3% |
| | 4.7% | 4.22% |
| | 13.48% | 15.64% |
| I | 0.67% | 0.58% |
| | 4.03% | 4.17% |
| | 100% | 100% |
| | 0.06% | 0.03% |
| | 0% | 0% |
| | 0.02% | 0.03% |
| I | 0.39% | 0.84% |
| | 0.01% | 0.01% |
| | 0.05% | 0.05% |
| l | 1.07% | 0.84% |
| | 0% | 0% |

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| | 45.18% |
|-----|--------|
| | 0% |
| | 0% |
| | 0.13% |
| | 9.83% |
| • | 3.79% |
| L | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| I | 0.59% |
| | 5.25% |
| | 100% |
| | 0.07% |
| | 0% |
| | 0.03% |
| l . | 0.37% |
| | 0.02% |
| | 0.05% |
| I | 0.83% |
| | 0% |

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| UNITED HOSPITAL | 240038 | MN |
|---|--------|----|
| UNITED HOSPITAL | 240038 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| | | |

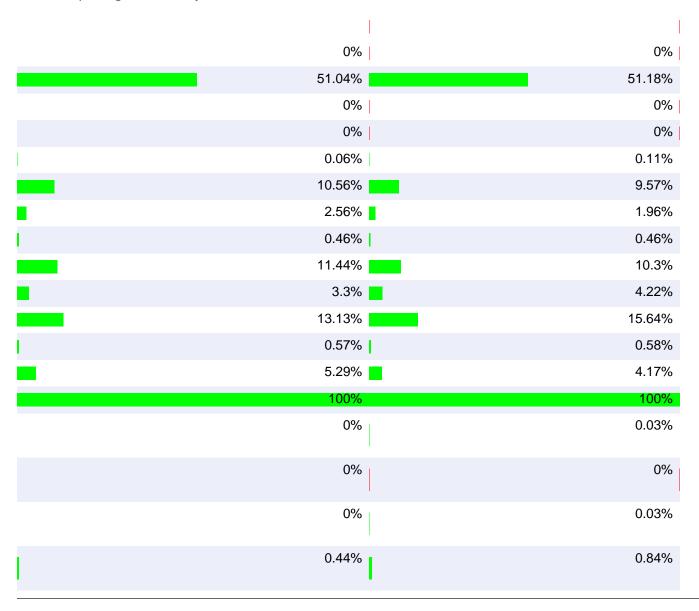
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| During Index Hospital Admission | Hospice |
|--|---------------------------|
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| · | · |

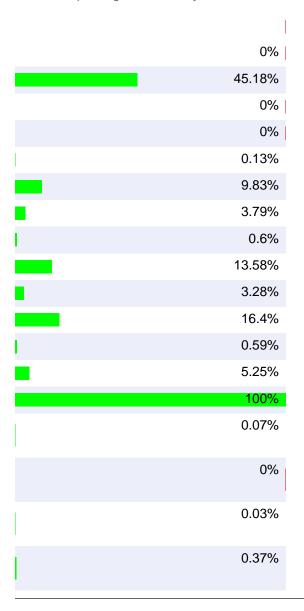
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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$8294.00 | \$8835.00 | \$8155.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$10.00 |
| \$1804.00 | \$1653.00 | \$1687.00 |
| \$696.00 | \$338.00 | \$409.00 |
| \$110.00 | \$79.00 | \$73.00 |
| \$2493.00 | \$1777.00 | \$1828.00 |
| \$602.00 | \$729.00 | \$527.00 |
| \$3012.00 | \$2700.00 | \$2097.00 |
| \$108.00 | \$101.00 | \$91.00 |
| \$963.00 | \$720.00 | \$846.00 |
| \$18358.00 | \$17263.00 | \$15978.00 |
| \$14.00 | \$5.00 | \$0.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$0.00 |
| \$68.00 | \$145.00 | \$52.00 |
| | | |

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| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
|--|--------|----|
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |

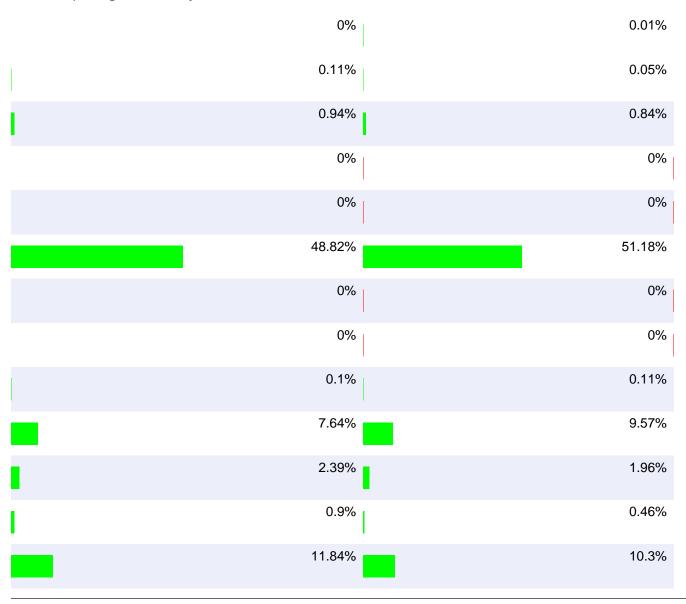
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| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |

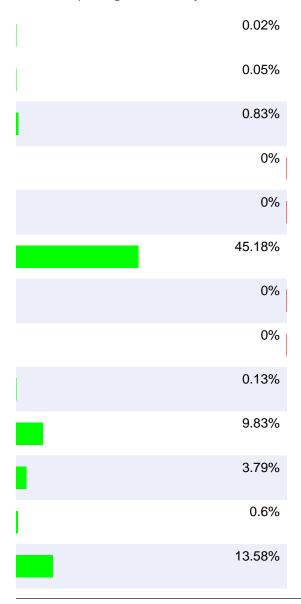
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| \$2.00 | \$3.00 |
|-----------|--|
| \$9.00 | \$9.00 |
| \$145.00 | \$152.00 |
| \$0.00 | \$0.00 |
| \$0.00 | \$0.00 |
| \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 |
| \$0.00 | \$0.00 |
| \$19.00 | \$24.00 |
| \$1653.00 | \$1804.00 |
| \$338.00 | \$696.00 |
| \$79.00 | \$110.00 |
| \$1777.00 | \$2493.00 |
| | \$9.00 \$145.00 \$0.00 \$0.00 \$8835.00 \$0.00 \$19.00 \$1653.00 \$338.00 \$79.00 |

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| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
|---|--------|----|
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS | 240040 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |

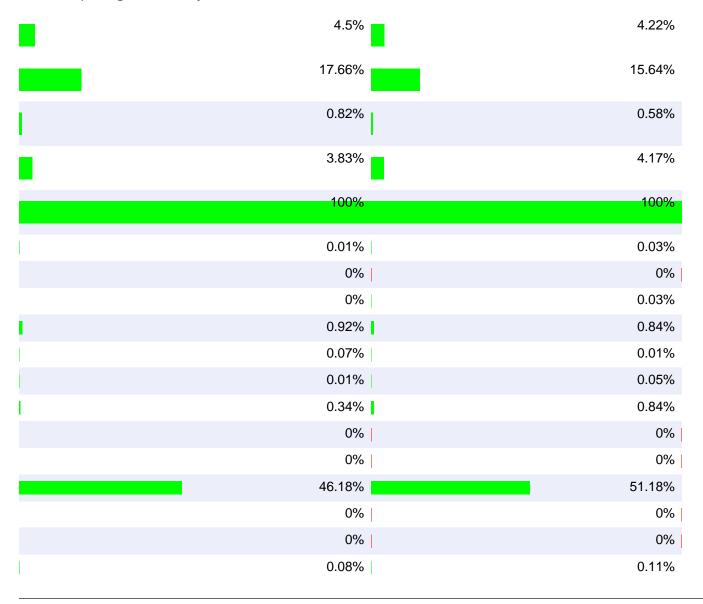
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| 1 through 30 days After Discharge from Index Hospi | Outpatient |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |

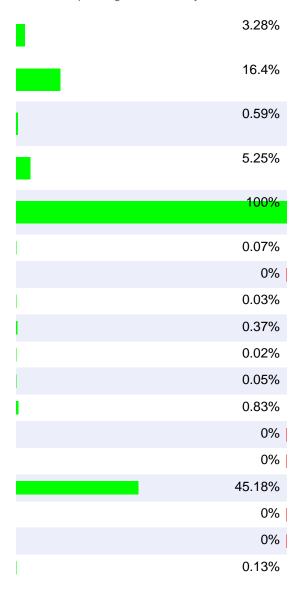
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| \$526.00 | \$729.00 | \$602.00 |
|------------|------------|------------|
| \$2066.00 | \$2700.00 | \$3012.00 |
| \$96.00 | \$101.00 | \$108.00 |
| \$448.00 | \$720.00 | \$963.00 |
| \$11695.00 | \$17263.00 | \$18358.00 |
| \$2.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$135.00 | \$145.00 | \$68.00 |
| \$10.00 | \$2.00 | \$3.00 |
| \$2.00 | \$9.00 | \$9.00 |
| \$51.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6813.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$12.00 | \$19.00 | \$24.00 |

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| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
|--|--------|----|
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| MAYO CLINIC HEALTH SYSTEM - ALBERT LEA | 240043 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
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| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |

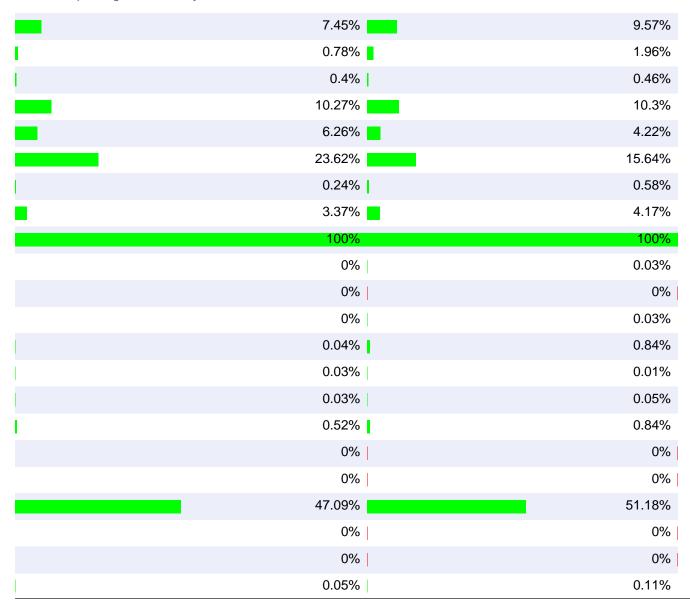
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| During Index Hospital Admission | Carrier |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |

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| \$1804.00 | \$1653.00 | \$1099.00 |
|------------|------------|------------|
| \$696.00 | \$338.00 | \$115.00 |
| \$110.00 | \$79.00 | \$58.00 |
| \$2493.00 | \$1777.00 | \$1516.00 |
| \$602.00 | \$729.00 | \$923.00 |
| \$3012.00 | \$2700.00 | \$3486.00 |
| \$108.00 | \$101.00 | \$36.00 |
| \$963.00 | \$720.00 | \$498.00 |
| \$18358.00 | \$17263.00 | \$14755.00 |
| \$14.00 | \$5.00 | \$0.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$0.00 |
| \$68.00 | \$145.00 | \$5.00 |
| \$3.00 | \$2.00 | \$4.00 |
| \$9.00 | \$9.00 | \$5.00 |
| \$152.00 | \$145.00 | \$69.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8294.00 | \$8835.00 | \$6157.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$7.00 |

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| | 9.83% |
|---|--------|
| | 3.79% |
| I | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| I | 0.59% |
| | 5.25% |
| | 100% |
| | 0.07% |
| | 0% |
| | 0.03% |
| | 0.37% |
| | 0.02% |
| | 0.05% |
| l | 0.83% |
| | 0% |
| | 0% |
| | 45.18% |
| | 0% |
| | 0% |
| | 0.13% |

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| WINONA HEALTH SERVICES | 240044 | MN |
|------------------------|--------|----|
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| WINONA HEALTH SERVICES | 240044 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |
| ST LUKES HOSPITAL | 240047 | MN |

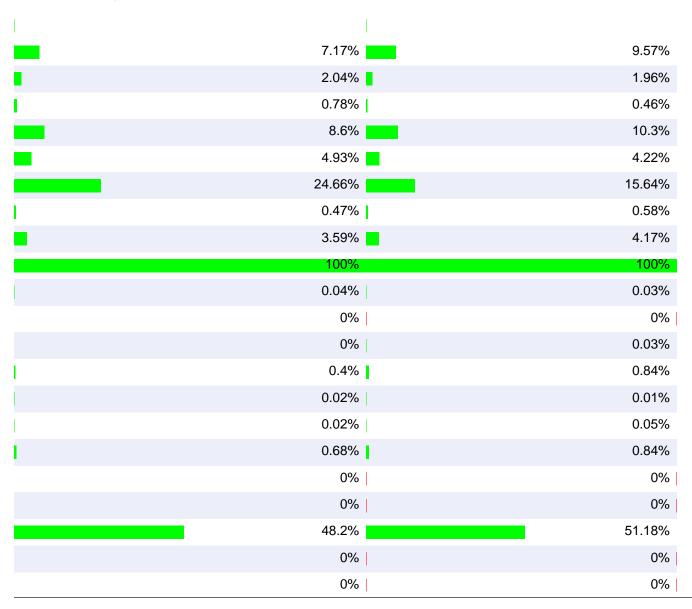
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| During Index Hospital Admission | Carrier |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |

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| \$937.00 | \$1653.00 | \$1804.00 |
|------------|------------|------------|
| \$267.00 | \$338.00 | \$696.00 |
| \$102.00 | \$79.00 | \$110.00 |
| \$1124.00 | \$1777.00 | \$2493.00 |
| \$644.00 | \$729.00 | \$602.00 |
| \$3225.00 | \$2700.00 | \$3012.00 |
| \$62.00 | \$101.00 | \$108.00 |
| \$469.00 | \$720.00 | \$963.00 |
| \$13076.00 | \$17263.00 | \$18358.00 |
| \$7.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$75.00 | \$145.00 | \$68.00 |
| \$4.00 | \$2.00 | \$3.00 |
| \$4.00 | \$9.00 | \$9.00 |
| \$127.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8954.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |

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| | 9.83% |
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| ST LUKES HOSPITAL | 240047 | MN |
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| FAIRVIEW LAKES HEALTH SERVICES | 240050 | MN |
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| FAIRVIEW LAKES HEALTH SERVICES | 240050 | MN |
| FAIRVIEW LAKES HEALTH SERVICES | 240050 | MN |

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| During Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |

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| \$15.00 | \$19.00 | \$24.00 |
|------------|------------|------------|
| \$1583.00 | \$1653.00 | \$1804.00 |
| \$274.00 | \$338.00 | \$696.00 |
| \$86.00 | \$79.00 | \$110.00 |
| \$2793.00 | \$1777.00 | \$2493.00 |
| \$711.00 | \$729.00 | \$602.00 |
| \$3287.00 | \$2700.00 | \$3012.00 |
| \$78.00 | \$101.00 | \$108.00 |
| \$579.00 | \$720.00 | \$963.00 |
| \$18577.00 | \$17263.00 | \$18358.00 |
| \$28.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$118.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$12.00 | \$9.00 | \$9.00 |
| \$159.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6374.00 | \$8835.00 | \$8294.00 |
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| FAIRVIEW LAKES HEALTH SERVICES | 240050 | MN |
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| FAIRVIEW LAKES HEALTH SERVICES | 240050 | MN |
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| FAIRVIEW LAKES HEALTH SERVICES | 240050 | MN |
| LAKE REGION HEALTHCARE CORPORATION | 240052 | MN |
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| LAKE REGION HEALTHCARE CORPORATION | 240052 | MN |
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| LAKE REGION HEALTHCARE CORPORATION | 240052 | MN |

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| During Index Hospital Admission | Skilled Nursing Facility |
|--|---------------------------|
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |

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Spending Breakdown by Claim MN

| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$10.00 | \$19.00 | \$24.00 |
| \$917.00 | \$1653.00 | \$1804.00 |
| \$401.00 | \$338.00 | \$696.00 |
| \$280.00 | \$79.00 | \$110.00 |
| \$1190.00 | \$1777.00 | \$2493.00 |
| \$452.00 | \$729.00 | \$602.00 |
| \$3139.00 | \$2700.00 | \$3012.00 |
| \$79.00 | \$101.00 | \$108.00 |
| \$577.00 | \$720.00 | \$963.00 |
| \$13736.00 | \$17263.00 | \$18358.00 |
| \$8.00 | \$5.00 | \$14.00 |
| \$2.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$31.00 | \$145.00 | \$68.00 |
| \$2.00 | \$2.00 | \$3.00 |
| \$47.00 | \$9.00 | \$9.00 |
| \$103.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6736.00 | \$8835.00 | \$8294.00 |

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| LAKE REGION HEALTHCARE CORPORATION | 240052 | MN |
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| LAKE REGION HEALTHCARE CORPORATION | 240052 | MN |
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| LAKE REGION HEALTHCARE CORPORATION | 240052 | MN |
| PARK NICOLLET METHODIST HOSPITAL | 240053 | MN |
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| PARK NICOLLET METHODIST HOSPITAL | 240053 | MN |

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| During Index Hospital Admission | Outpatient |
|--|---------------------------|
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$13.00 | \$19.00 | \$24.00 |
| \$578.00 | \$1653.00 | \$1804.00 |
| \$603.00 | \$338.00 | \$696.00 |
| \$128.00 | \$79.00 | \$110.00 |
| \$2285.00 | \$1777.00 | \$2493.00 |
| \$699.00 | \$729.00 | \$602.00 |
| \$3621.00 | \$2700.00 | \$3012.00 |
| \$102.00 | \$101.00 | \$108.00 |
| \$468.00 | \$720.00 | \$963.00 |
| \$15425.00 | \$17263.00 | \$18358.00 |
| \$5.00 | \$5.00 | \$14.00 |
| \$1.00 | \$0.00 | \$1.00 |
| \$1.00 | \$5.00 | \$5.00 |
| \$180.00 | \$145.00 | \$68.00 |
| \$1.00 | \$2.00 | \$3.00 |
| \$8.00 | \$9.00 | \$9.00 |
| \$103.00 | \$145.00 | \$152.00 |
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| | 23.47% | 15.64% |
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| | 0.01% 1.04% 0.01% 0.04% | 0.03% 0.84% 0.01% 0.05% |

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| PARK NICOLLET METHODIST HOSPITAL | 240053 | MN |
|----------------------------------|--------|----|
| PARK NICOLLET METHODIST HOSPITAL | 240053 | MN |
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| RIDGEVIEW MEDICAL CENTER | 240056 | MN |
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| RIDGEVIEW MEDICAL CENTER | 240056 | MN |
| RIDGEVIEW MEDICAL CENTER | 240056 | MN |
| RIDGEVIEW MEDICAL CENTER | 240056 | MN |

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| During Index Hospital Admission | Inpatient |
|--|---------------------------|
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |

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| \$8361.00 | \$8835.00 | \$8294.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$12.00 | \$19.00 | \$24.00 |
| \$1498.00 | \$1653.00 | \$1804.00 |
| \$318.00 | \$338.00 | \$696.00 |
| \$122.00 | \$79.00 | \$110.00 |
| \$1736.00 | \$1777.00 | \$2493.00 |
| \$635.00 | \$729.00 | \$602.00 |
| \$3516.00 | \$2700.00 | \$3012.00 |
| \$93.00 | \$101.00 | \$108.00 |
| \$765.00 | \$720.00 | \$963.00 |
| \$17354.00 | \$17263.00 | \$18358.00 |
| \$4.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$165.00 | \$145.00 | \$68.00 |
| \$5.00 | \$2.00 | \$3.00 |
| \$3.00 | \$9.00 | \$9.00 |
| \$91.00 | \$145.00 | \$152.00 |
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| 4.41 | % <u> </u> |
| 100 | % 100% |
| 0.03 | % 0.03% |
| 04 | % 0% |
| 04 | % 0.03% |
| 1.01 | % 0.84% |
| 0.03 | % 0.01% |
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| 0.56 | % 0.84% |
| 04 | % 0% |

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| RIDGEVIEW MEDICAL CENTER | 240056 | MN |
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| RIDGEVIEW MEDICAL CENTER | 240056 | MN |
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| RIDGEVIEW MEDICAL CENTER | 240056 | MN |
| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
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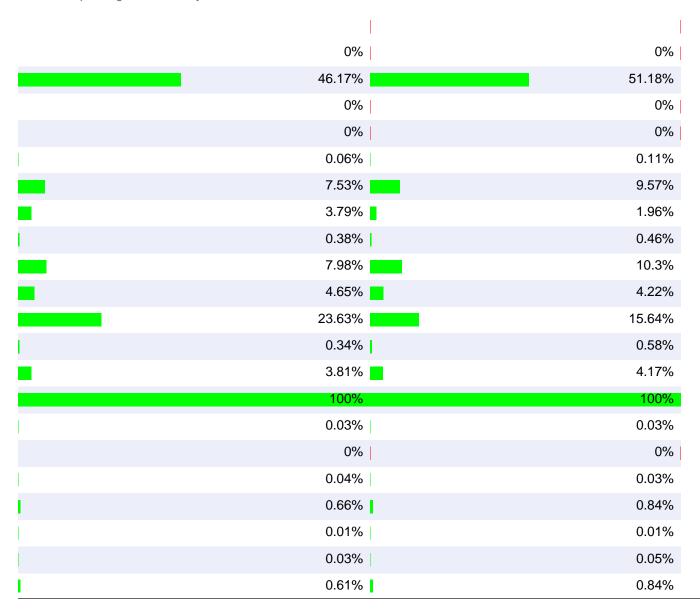
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| During Index Hospital Admission | Hospice |
|--|---------------------------|
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$7564.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$11.00 | \$19.00 | \$24.00 |
| \$1234.00 | \$1653.00 | \$1804.00 |
| \$621.00 | \$338.00 | \$696.00 |
| \$62.00 | \$79.00 | \$110.00 |
| \$1307.00 | \$1777.00 | \$2493.00 |
| \$762.00 | \$729.00 | \$602.00 |
| \$3872.00 | \$2700.00 | \$3012.00 |
| \$56.00 | \$101.00 | \$108.00 |
| \$625.00 | \$720.00 | \$963.00 |
| \$16382.00 | \$17263.00 | \$18358.00 |
| \$6.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$7.00 | \$5.00 | \$5.00 |
| \$125.00 | \$145.00 | \$68.00 |
| \$3.00 | \$2.00 | \$3.00 |
| \$6.00 | \$9.00 | \$9.00 |
| \$116.00 | \$145.00 | \$152.00 |

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| | 9.83% |
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| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
|------------------------------|--------|----|
| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
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| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
| ABBOTT NORTHWESTERN HOSPITAL | 240057 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |

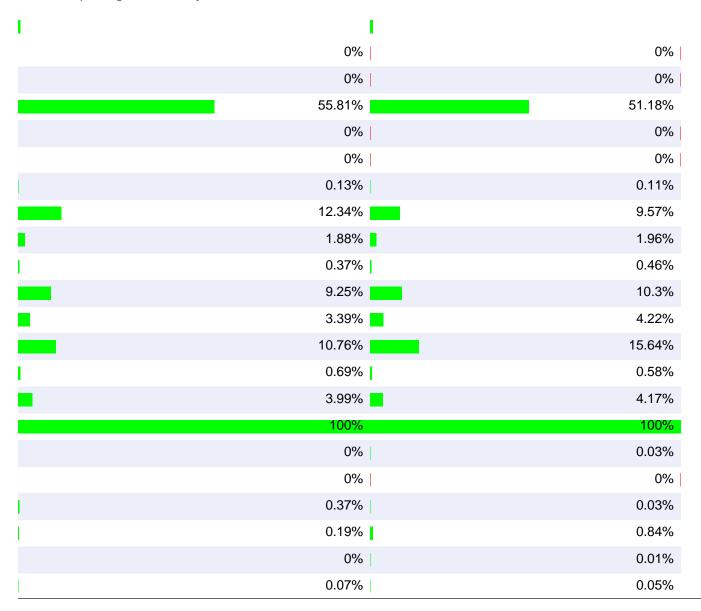
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During Index Hospital Admission Home Health Agency **During Index Hospital Admission** Hospice **During Index Hospital Admission** Inpatient **During Index Hospital Admission** Outpatient **During Index Hospital Admission** Skilled Nursing Facility **During Index Hospital Admission Durable Medical Equipment During Index Hospital Admission** Carrier Home Health Agency 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Hospice 1 through 30 days After Discharge from Index Hospi Inpatient Outpatient 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Skilled Nursing Facility 1 through 30 days After Discharge from Index Hospi **Durable Medical Equipment** Carrier 1 through 30 days After Discharge from Index Hospi Complete Episode Total 1 to 3 days Prior to Index Hospital Admission Home Health Agency 1 to 3 days Prior to Index Hospital Admission Hospice 1 to 3 days Prior to Index Hospital Admission Inpatient Outpatient 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission Durable Medical Equipment

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$10565.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$24.00 |
| \$2336.00 | \$1653.00 | \$1804.00 |
| \$355.00 | \$338.00 | \$696.00 |
| \$70.00 | \$79.00 | \$110.00 |
| \$1751.00 | \$1777.00 | \$2493.00 |
| \$642.00 | \$729.00 | \$602.00 |
| \$2036.00 | \$2700.00 | \$3012.00 |
| \$131.00 | \$101.00 | \$108.00 |
| \$756.00 | \$720.00 | \$963.00 |
| \$18930.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$50.00 | \$5.00 | \$5.00 |
| \$25.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$10.00 | \$9.00 | \$9.00 |

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| I | |
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| REGINA MEDICAL CENTER | 240059 | MN |
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| REGINA MEDICAL CENTER | 240059 | MN |
| REGINA MEDICAL CENTER | 240059 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |

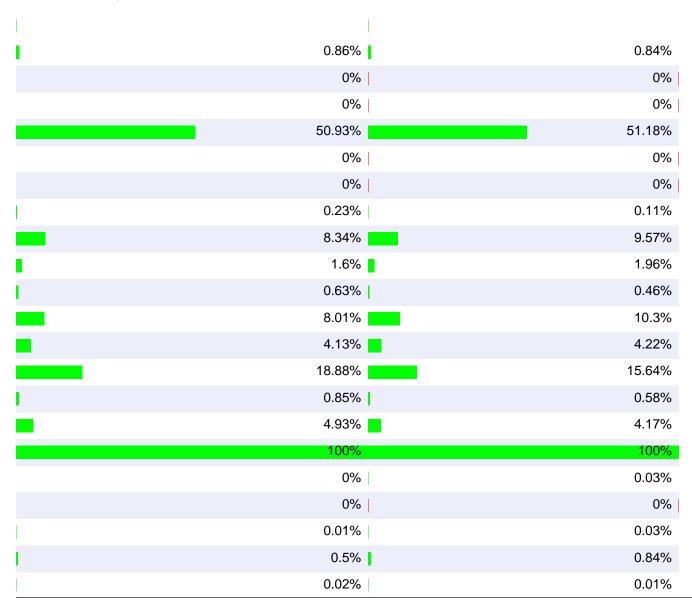
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| 1 to 3 days Prior to Index Hospital Admission | Carrier |
|--|---------------------------|
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |

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| \$117.00 | \$145.00 | \$152.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6887.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$30.00 | \$19.00 | \$24.00 |
| \$1128.00 | \$1653.00 | \$1804.00 |
| \$216.00 | \$338.00 | \$696.00 |
| \$85.00 | \$79.00 | \$110.00 |
| \$1083.00 | \$1777.00 | \$2493.00 |
| \$558.00 | \$729.00 | \$602.00 |
| \$2554.00 | \$2700.00 | \$3012.00 |
| \$115.00 | \$101.00 | \$108.00 |
| \$667.00 | \$720.00 | \$963.00 |
| \$13523.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$2.00 | \$5.00 | \$5.00 |
| \$102.00 | \$145.00 | \$68.00 |
| \$4.00 | \$2.00 | \$3.00 |

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| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
|---------------------------------|--------|----|
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
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| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| MAYO CLINIC METHODIST HOSPITAL | 240061 | MN |
| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |
| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |
| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |
| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |

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| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |

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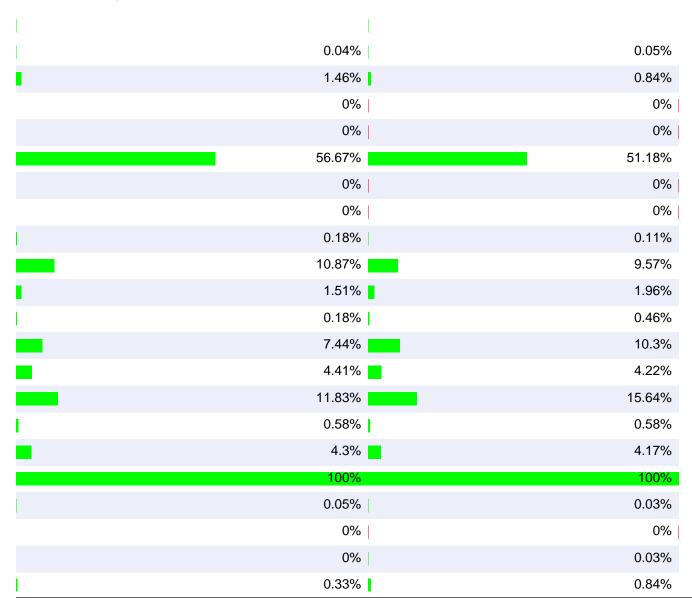
\$57.00

| \$9.00 | \$9.00 | \$9.00 |
|------------|------------|------------|
| \$152.00 | \$145.00 | \$299.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8294.00 | \$8835.00 | \$11628.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$36.00 |
| \$1804.00 | \$1653.00 | \$2231.00 |
| \$696.00 | \$338.00 | \$311.00 |
| \$110.00 | \$79.00 | \$38.00 |
| \$2493.00 | \$1777.00 | \$1526.00 |
| \$602.00 | \$729.00 | \$905.00 |
| \$3012.00 | \$2700.00 | \$2428.00 |
| \$108.00 | \$101.00 | \$118.00 |
| \$963.00 | \$720.00 | \$881.00 |
| \$18358.00 | \$17263.00 | \$20518.00 |
| \$14.00 | \$5.00 | \$9.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$0.00 |

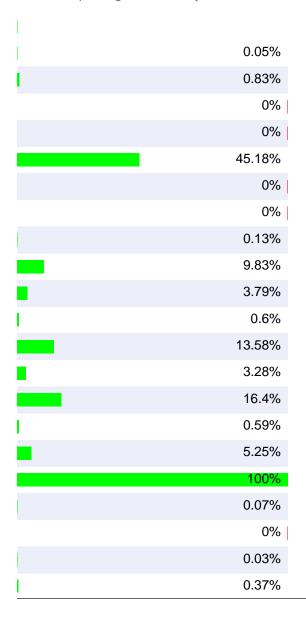
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\$68.00

\$145.00



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| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |
|----------------------------------|--------|----|
| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |
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| HEALTHEAST ST JOSEPH'S HOSPITAL | 240063 | MN |
| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |

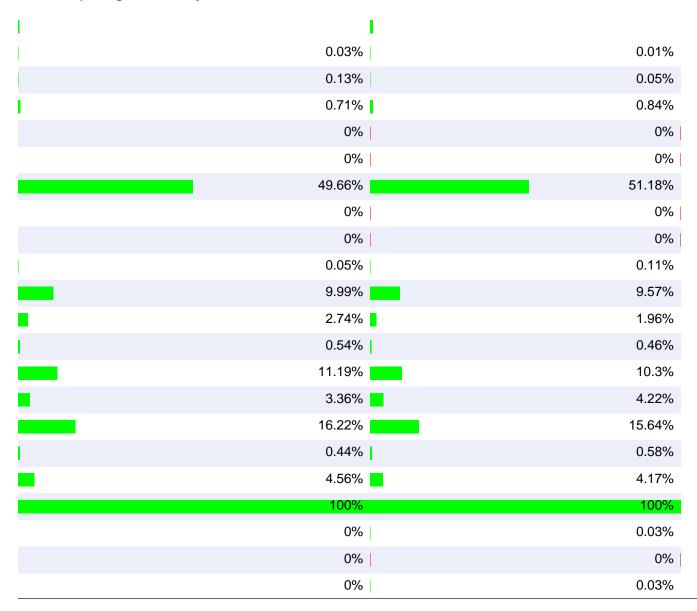
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| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |

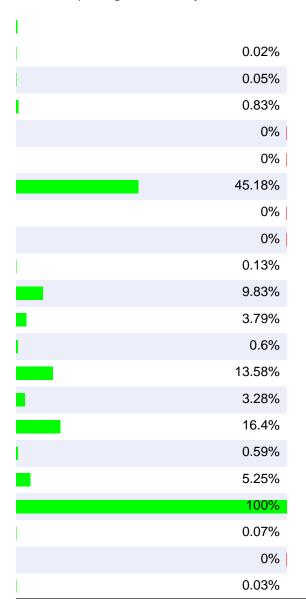
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| \$5.00 | \$2.00 | \$3.00 |
|------------|------------|------------|
| \$22.00 | \$9.00 | \$9.00 |
| \$121.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8477.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8.00 | \$19.00 | \$24.00 |
| \$1706.00 | \$1653.00 | \$1804.00 |
| \$467.00 | \$338.00 | \$696.00 |
| \$91.00 | \$79.00 | \$110.00 |
| \$1909.00 | \$1777.00 | \$2493.00 |
| \$574.00 | \$729.00 | \$602.00 |
| \$2770.00 | \$2700.00 | \$3012.00 |
| \$76.00 | \$101.00 | \$108.00 |
| \$779.00 | \$720.00 | \$963.00 |
| \$17071.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |

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| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
|----------------------------------|--------|----|
| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
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| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
| GRAND ITASCA CLINIC AND HOSPITAL | 240064 | MN |
| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |

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| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |

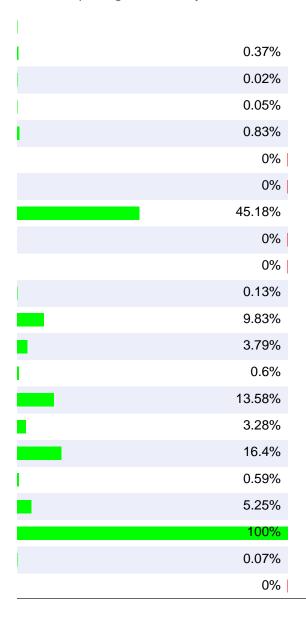
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| \$80.00 | \$145.00 | \$68.00 |
|------------|------------|------------|
| \$3.00 | \$2.00 | \$3.00 |
| \$4.00 | \$9.00 | \$9.00 |
| \$85.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6716.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$9.00 | \$19.00 | \$24.00 |
| \$977.00 | \$1653.00 | \$1804.00 |
| \$405.00 | \$338.00 | \$696.00 |
| \$44.00 | \$79.00 | \$110.00 |
| \$2234.00 | \$1777.00 | \$2493.00 |
| \$737.00 | \$729.00 | \$602.00 |
| \$2620.00 | \$2700.00 | \$3012.00 |
| \$85.00 | \$101.00 | \$108.00 |
| \$528.00 | \$720.00 | \$963.00 |
| \$14529.00 | \$17263.00 | \$18358.00 |
| \$1.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |

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| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
|----------------------------|--------|----|
| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
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| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
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| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
| LAKEVIEW MEMORIAL HOSPITAL | 240066 | MN |
| OWATONNA HOSPITAL | 240069 | MN |

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| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |

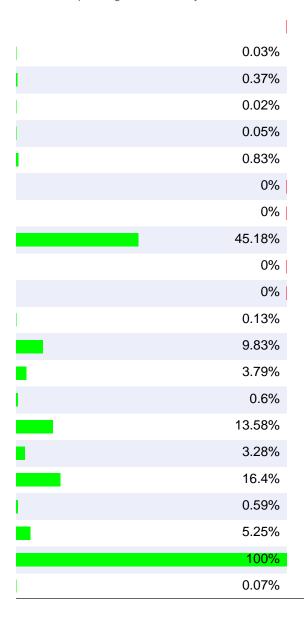
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| \$24.00 | \$19.00 | \$12.00 |
|------------|------------|------------|
| | | |
| \$1804.00 | \$1653.00 | \$1637.00 |
| | \$338.00 | \$390.00 |
| \$696.00 | \$338.00 | \$390.00 |
| \$110.00 | \$79.00 | \$45.00 |
| \$2493.00 | \$1777.00 | \$665.00 |
| \$602.00 | \$729.00 | \$529.00 |
| \$3012.00 | \$2700.00 | \$3906.00 |
| \$108.00 | \$101.00 | \$76.00 |
| | | |
| \$963.00 | \$720.00 | \$533.00 |
| \$18358.00 | \$17263.00 | \$17096.00 |
| \$14.00 | \$5.00 | \$0.00 |

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MN

| OWATONNA HOSPITAL | 240069 |
|---------------------|---------|
| OWATONNA HOSPITAL | 240069 |
| OMATONINA LICODITAL | 0.40000 |

| OWATONNA HOSPITAL | 240069 | MN |
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| OWATONNA HOSPITAL | 240069 | MN |

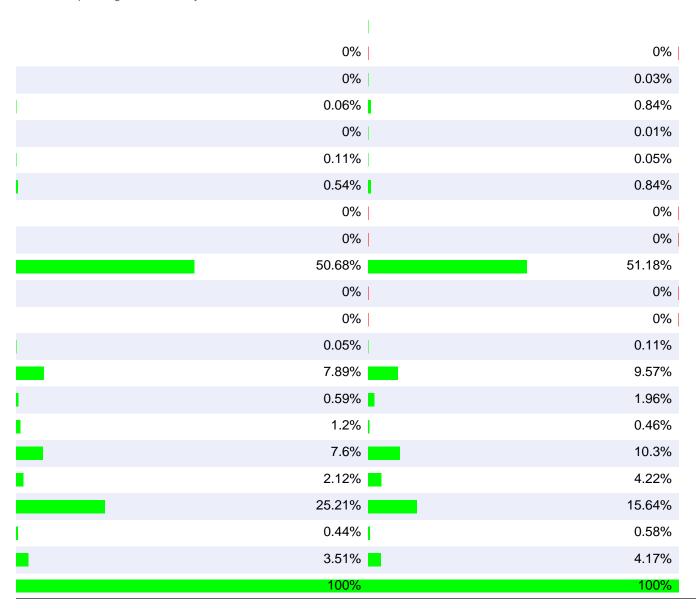
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| 1 to 3 days Prior to Index Hospital Admission | Hospice |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |

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| \$14292.00 | \$17263.00 | \$18358.00 |
|------------|------------|------------|
| \$502.00 | \$720.00 | \$963.00 |
| \$62.00 | \$101.00 | \$108.00 |
| \$3603.00 | \$2700.00 | \$3012.00 |
| \$303.00 | \$729.00 | \$602.00 |
| \$1086.00 | \$1777.00 | \$2493.00 |
| \$172.00 | \$79.00 | \$110.00 |
| \$84.00 | \$338.00 | \$696.00 |
| \$1127.00 | \$1653.00 | \$1804.00 |
| \$8.00 | \$19.00 | \$24.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7243.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$77.00 | \$145.00 | \$152.00 |
| \$16.00 | \$9.00 | \$9.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$9.00 | \$145.00 | \$68.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$0.00 | \$0.00 | \$1.00 |

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| | 0% |
|---|--------|
| | 0.03% |
| 1 | 0.37% |
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| | 5.25% |
| | 100% |

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| DISTRICT ONE HOSPITAL | 240071 | MN |
|-----------------------|--------|----|
| DISTRICT ONE HOSPITAL | 240071 | MN |
| DISTRICT ONE HOSPITAL | 240071 | MN |
| DISTRICT ONE HOSPITAL | 240071 | MN |
| DISTRICT ONE HOSPITAL | 240071 | MN |
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| DISTRICT ONE HOSPITAL | 240071 | MN |
| DISTRICT ONE HOSPITAL | 240071 | MN |

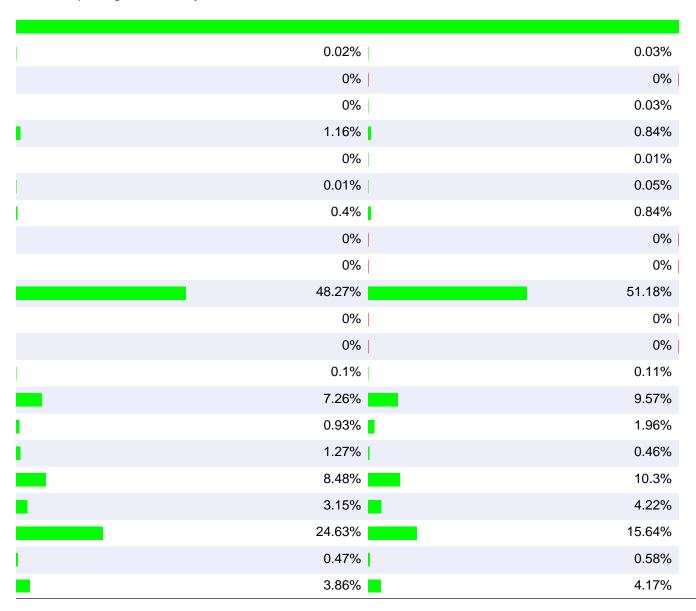
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| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |

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| \$527.00 | \$720.00 | \$963.00 |
|-----------|-----------|-----------|
| \$64.00 | \$101.00 | \$108.00 |
| \$3365.00 | \$2700.00 | \$3012.00 |
| \$430.00 | \$729.00 | \$602.00 |
| \$1159.00 | \$1777.00 | \$2493.00 |
| \$174.00 | \$79.00 | \$110.00 |
| \$126.00 | \$338.00 | \$696.00 |
| \$992.00 | \$1653.00 | \$1804.00 |
| \$14.00 | \$19.00 | \$24.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6596.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$55.00 | \$145.00 | \$152.00 |
| \$1.00 | \$9.00 | \$9.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$159.00 | \$145.00 | \$68.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$2.00 | \$5.00 | \$14.00 |

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| | 0.07% |
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| | 0% |
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| | 0.02% |
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| | 45.18% |
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| l | 0.6% |
| | 13.58% |
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| | 16.4% |
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| | 5.25% |

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| DISTRICT ONE HOSPITAL | 240071 | MN |
|---|--------|----|
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
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| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |

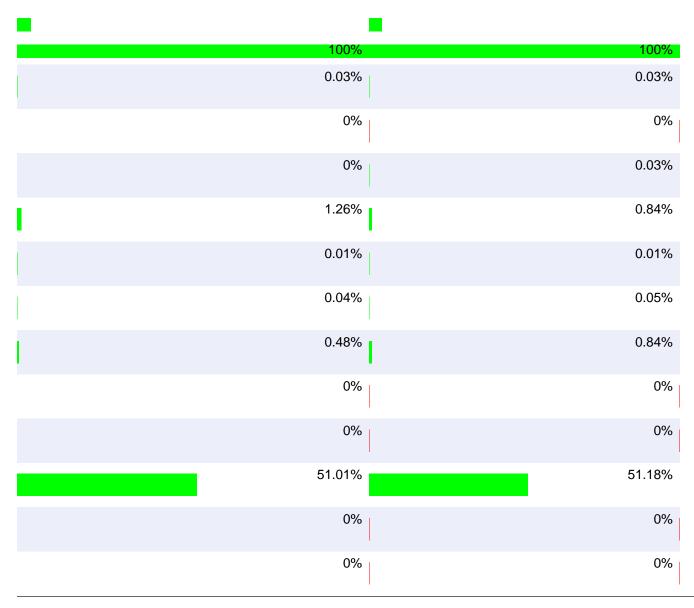
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| Complete Episode | Total |
|---|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |

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| \$13665.00 | \$17263.00 | \$18358.00 |
|------------|------------|------------|
| \$4.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$175.00 | \$145.00 | \$68.00 |
| \$1.00 | \$2.00 | \$3.00 |
| \$5.00 | \$9.00 | \$9.00 |
| \$66.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7070.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |

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| | 100% |
|---|--------|
| | 0.07% |
| | 0% |
| | 0.03% |
| | 0.37% |
| | 0.02% |
| | 0.05% |
| l | 0.83% |
| | 0% |
| | 0% |
| | 45.18% |
| | 0% |
| | 0% |

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| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
|---|--------|----|
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER | 240075 | MN |
| BUFFALO HOSPITAL | 240076 | MN |
| | | |

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| During Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |

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| \$22.00 | \$19.00 | \$24.00 |
|------------|------------|------------|
| \$1113.00 | \$1653.00 | \$1804.00 |
| \$179.00 | \$338.00 | \$696.00 |
| \$54.00 | \$79.00 | \$110.00 |
| \$1477.00 | \$1777.00 | \$2493.00 |
| \$835.00 | \$729.00 | \$602.00 |
| \$2230.00 | \$2700.00 | \$3012.00 |
| \$93.00 | \$101.00 | \$108.00 |
| \$538.00 | \$720.00 | \$963.00 |
| \$13860.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$44.00 | \$145.00 | \$68.00 |
| \$5.00 | \$2.00 | \$3.00 |

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| 0.16% | 0.11% |
|--------|--------|
| 8.03% | 9.57% |
| 1.29% | 1.96% |
| 0.39% | 0.46% |
| 10.65% | 10.3% |
| 6.02% | 4.22% |
| 16.09% | 15.64% |
| 0.67% | 0.58% |
| 3.88% | 4.17% |
| 100% | 100% |
| 0% | 0.03% |
| 0% | 0% |
| 0% | |
| 0.36% | |
| 0.04% | 0.01% |

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| | 0.13% |
|---|--------|
| | 9.83% |
| ı | 3.79% |
| l | 0.6% |
| | 13.58% |
| ı | 3.28% |
| | 16.4% |
| l | 0.59% |
| | 5.25% |
| | 100% |
| | 0.07% |
| | 0% |
| | 0.03% |
| | 0.37% |
| | 0.02% |
| | |

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| BUFFALO HOSPITAL | 240076 | MN |
|-----------------------------|--------|----|
| BUFFALO HOSPITAL | 240076 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |

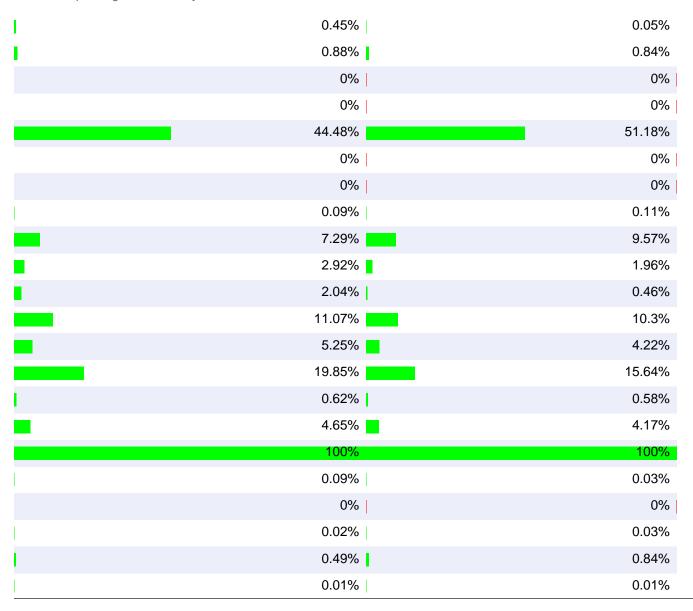
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| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |

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| \$55.00 | \$9.00 | \$9.00 |
|------------|------------|------------|
| \$109.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$5481.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$11.00 | \$19.00 | \$24.00 |
| \$899.00 | \$1653.00 | \$1804.00 |
| \$360.00 | \$338.00 | \$696.00 |
| \$251.00 | \$79.00 | \$110.00 |
| \$1365.00 | \$1777.00 | \$2493.00 |
| \$647.00 | \$729.00 | \$602.00 |
| \$2446.00 | \$2700.00 | \$3012.00 |
| \$77.00 | \$101.00 | \$108.00 |
| \$573.00 | \$720.00 | \$963.00 |
| \$12323.00 | \$17263.00 | \$18358.00 |
| \$17.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$4.00 | \$5.00 | \$5.00 |
| \$92.00 | \$145.00 | \$68.00 |
| \$2.00 | \$2.00 | \$3.00 |

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| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
|--|--------|----|
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
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| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| FAIRVIEW SOUTHDALE HOSPITAL | 240078 | MN |
| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |

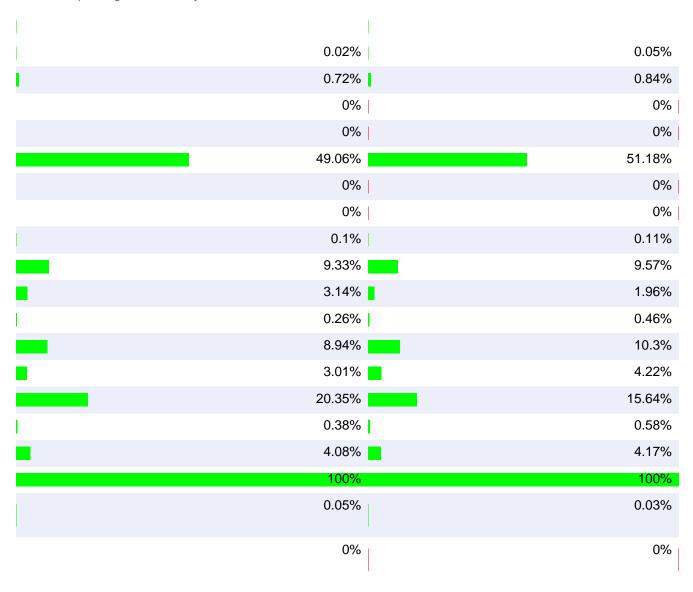
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| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |

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| \$4.00 | \$9.00 | \$9.00 |
|------------|------------|------------|
| \$135.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$9241.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$20.00 | \$19.00 | \$24.00 |
| \$1757.00 | \$1653.00 | \$1804.00 |
| \$592.00 | \$338.00 | \$696.00 |
| \$48.00 | \$79.00 | \$110.00 |
| \$1684.00 | \$1777.00 | \$2493.00 |
| \$567.00 | \$729.00 | \$602.00 |
| \$3832.00 | \$2700.00 | \$3012.00 |
| \$71.00 | \$101.00 | \$108.00 |
| \$768.00 | \$720.00 | \$963.00 |
| \$18836.00 | \$17263.00 | \$18358.00 |
| \$10.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |

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| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
|--|--------|----|
| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
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| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |

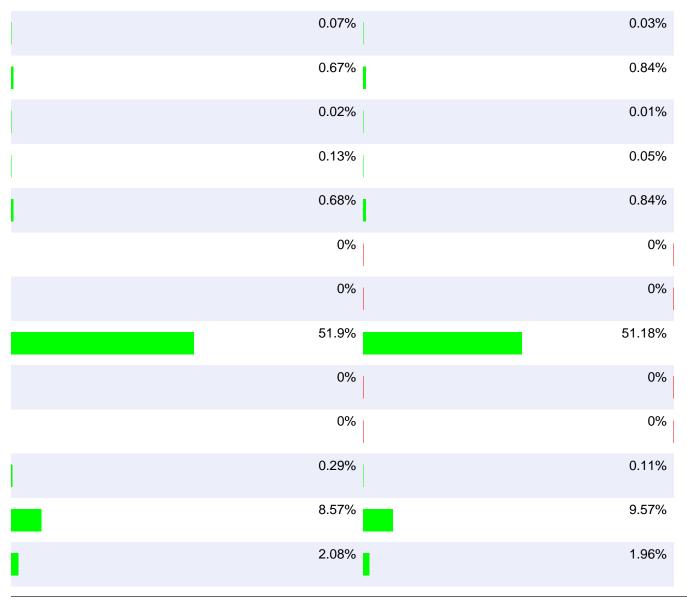
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| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |

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| \$15.00 | \$5.00 | \$5.00 |
|------------|-----------|-----------|
| \$137.00 | \$145.00 | \$68.00 |
| \$4.00 | \$2.00 | \$3.00 |
| \$26.00 | \$9.00 | \$9.00 |
| \$138.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$10637.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$59.00 | \$19.00 | \$24.00 |
| \$1757.00 | \$1653.00 | \$1804.00 |
| \$426.00 | \$338.00 | \$696.00 |

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| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
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| UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW | 240080 | MN |
| VIRGINIA REGIONAL MEDICAL CENTER | 240084 | MN |
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| VIRGINIA REGIONAL MEDICAL CENTER | 240084 | MN |
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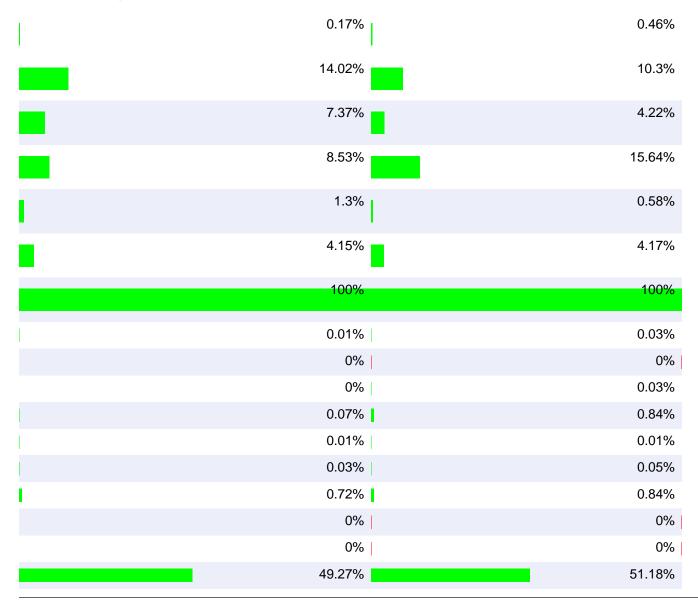
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| 1 through 30 days After Discharge from Index Hospi | Hospice |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |

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| \$110.00 | \$79.00 | \$34.00 |
|------------|------------|------------|
| \$2493.00 | \$1777.00 | \$2875.00 |
| \$602.00 | \$729.00 | \$1511.00 |
| \$3012.00 | \$2700.00 | \$1748.00 |
| \$108.00 | \$101.00 | \$267.00 |
| \$963.00 | \$720.00 | \$851.00 |
| \$18358.00 | \$17263.00 | \$20496.00 |
| \$14.00 | \$5.00 | \$1.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$0.00 |
| \$68.00 | \$145.00 | \$11.00 |
| \$3.00 | \$2.00 | \$1.00 |
| \$9.00 | \$9.00 | \$5.00 |
| \$152.00 | \$145.00 | \$106.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8294.00 | \$8835.00 | \$7226.00 |
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VIRGINIA REGIONAL MEDICAL CENTER 240084 VIRGINIA REGIONAL MEDICAL CENTER 240084

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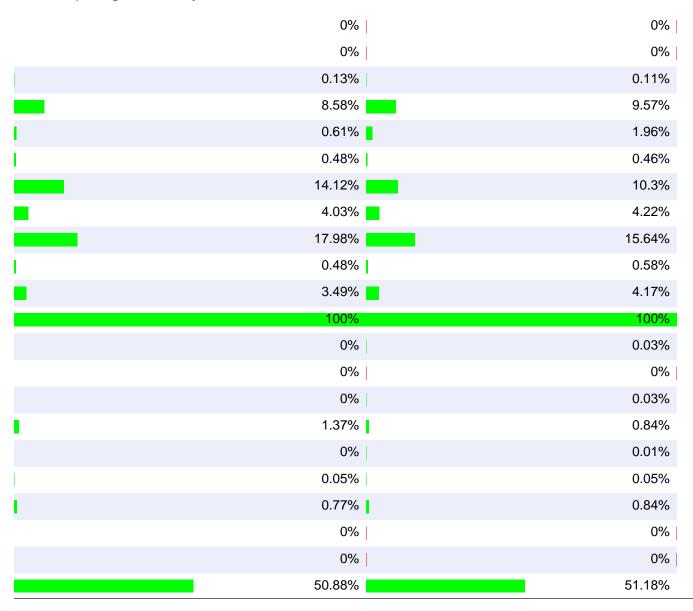
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| During Index Hospital Admission | Outpatient |
|--|---------------------------|
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$18.00 | \$19.00 | \$24.00 |
| \$1258.00 | \$1653.00 | \$1804.00 |
| \$90.00 | \$338.00 | \$696.00 |
| \$71.00 | \$79.00 | \$110.00 |
| \$2070.00 | \$1777.00 | \$2493.00 |
| \$591.00 | \$729.00 | \$602.00 |
| \$2637.00 | \$2700.00 | \$3012.00 |
| \$70.00 | \$101.00 | \$108.00 |
| \$512.00 | \$720.00 | \$963.00 |
| \$14667.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$188.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$7.00 | \$9.00 | \$9.00 |
| \$106.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6992.00 | \$8835.00 | \$8294.00 |

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| RICE MEMORIAL HOSPITAL | 240088 | MN |
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| RICE MEMORIAL HOSPITAL | 240088 | MN |
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| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
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| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |

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| During Index Hospital Admission | Outpatient |
|--|---------------------------|
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$16.00 | \$19.00 | \$24.00 |
| \$1141.00 | \$1653.00 | \$1804.00 |
| \$53.00 | \$338.00 | \$696.00 |
| \$44.00 | \$79.00 | \$110.00 |
| \$1098.00 | \$1777.00 | \$2493.00 |
| \$483.00 | \$729.00 | \$602.00 |
| \$2969.00 | \$2700.00 | \$3012.00 |
| \$60.00 | \$101.00 | \$108.00 |
| \$584.00 | \$720.00 | \$963.00 |
| \$13742.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$320.00 | \$145.00 | \$68.00 |
| \$4.00 | \$2.00 | \$3.00 |
| \$7.00 | \$9.00 | \$9.00 |
| \$114.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
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| 0.11% | 0.11% |
| 8.3% | 9.57% |
| 0.39% | 1.96% |
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| 0.44% | 0.58% |
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| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
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| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
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| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
| MAYO CLINIC HEALTH SYSTEM - MANKATO | 240093 | MN |
| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
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| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |

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During Index Hospital Admission Inpatient **During Index Hospital Admission** Outpatient **During Index Hospital Admission** Skilled Nursing Facility **During Index Hospital Admission Durable Medical Equipment** Carrier **During Index Hospital Admission** Home Health Agency 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Hospice 1 through 30 days After Discharge from Index Hospi Inpatient 1 through 30 days After Discharge from Index Hospi Outpatient 1 through 30 days After Discharge from Index Hospi Skilled Nursing Facility **Durable Medical Equipment** 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Carrier Total Complete Episode Home Health Agency 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission Hospice 1 to 3 days Prior to Index Hospital Admission Inpatient Outpatient 1 to 3 days Prior to Index Hospital Admission Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission **Durable Medical Equipment** 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission Carrier During Index Hospital Admission Home Health Agency

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| \$8460.00 | \$8835.00 | \$8294.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8.00 | \$19.00 | \$24.00 |
| \$1392.00 | \$1653.00 | \$1804.00 |
| \$138.00 | \$338.00 | \$696.00 |
| \$80.00 | \$79.00 | \$110.00 |
| \$1117.00 | \$1777.00 | \$2493.00 |
| \$689.00 | \$729.00 | \$602.00 |
| \$3961.00 | \$2700.00 | \$3012.00 |
| \$69.00 | \$101.00 | \$108.00 |
| \$539.00 | \$720.00 | \$963.00 |
| \$16898.00 | \$17263.00 | \$18358.00 |
| \$10.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$29.00 | \$5.00 | \$5.00 |
| \$63.00 | \$145.00 | \$68.00 |
| \$3.00 | \$2.00 | \$3.00 |
| \$8.00 | \$9.00 | \$9.00 |
| \$102.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |

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| | 50.06% | 51.18% |
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| | 0.05% | 0.11% |
| | 8.24% | 9.57% |
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| | 6.61% | 10.3% |
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| | 23.44% | 15.64% |
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| | 3.19% | 4.17% |
| | 100% | 100% |
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| | 0% | 0% |
| | 0.2% | 0.03% |
| | 0.44% | 0.84% |
| | 0.02% | 0.01% |
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| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
|--------------------------------|--------|----|
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| SANFORD BEMIDJI MEDICAL CENTER | 240100 | MN |
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| ESSENTIA HEALTH ST MARYS | 240101 | MN |
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| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |

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During Index Hospital Admission Hospice **During Index Hospital Admission** Inpatient **During Index Hospital Admission** Outpatient Skilled Nursing Facility **During Index Hospital Admission During Index Hospital Admission Durable Medical Equipment During Index Hospital Admission** Carrier Home Health Agency 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Hospice 1 through 30 days After Discharge from Index Hospi Inpatient 1 through 30 days After Discharge from Index Hospi Outpatient 1 through 30 days After Discharge from Index Hospi Skilled Nursing Facility 1 through 30 days After Discharge from Index Hospi **Durable Medical Equipment** Carrier 1 through 30 days After Discharge from Index Hospi Complete Episode Total 1 to 3 days Prior to Index Hospital Admission Home Health Agency 1 to 3 days Prior to Index Hospital Admission Hospice 1 to 3 days Prior to Index Hospital Admission Inpatient Outpatient 1 to 3 days Prior to Index Hospital Admission Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission **Durable Medical Equipment** 1 to 3 days Prior to Index Hospital Admission Carrier

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$7342.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$15.00 | \$19.00 | \$24.00 |
| \$1148.00 | \$1653.00 | \$1804.00 |
| \$339.00 | \$338.00 | \$696.00 |
| \$73.00 | \$79.00 | \$110.00 |
| \$2063.00 | \$1777.00 | \$2493.00 |
| \$569.00 | \$729.00 | \$602.00 |
| \$1764.00 | \$2700.00 | \$3012.00 |
| \$70.00 | \$101.00 | \$108.00 |
| \$662.00 | \$720.00 | \$963.00 |
| \$14260.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$89.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$9.00 | \$9.00 | \$9.00 |
| \$92.00 | \$145.00 | \$152.00 |

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| | 0% |
| | 0.13% |
| | 9.83% |
| • | 3.79% |
| Ī | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| I | 0.59% |
| | 5.25% |
| | 100% |
| | 0.07% |
| | 0% |
| | 0.03% |
| | 0.37% |
| | 0.02% |
| | 0.05% |
| I | 0.83% |

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| ESSENTIA HEALTH ST MARYS | 240101 | MN |
|------------------------------------|--------|----|
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ESSENTIA HEALTH ST MARYS | 240101 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |

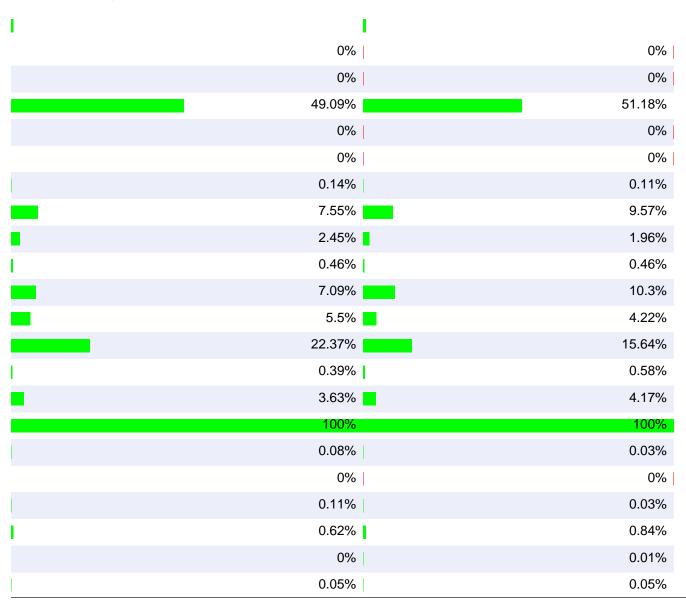
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During Index Hospital Admission Home Health Agency **During Index Hospital Admission** Hospice **During Index Hospital Admission** Inpatient **During Index Hospital Admission** Outpatient **During Index Hospital Admission** Skilled Nursing Facility **During Index Hospital Admission Durable Medical Equipment During Index Hospital Admission** Carrier Home Health Agency 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Hospice 1 through 30 days After Discharge from Index Hospi Inpatient 1 through 30 days After Discharge from Index Hospi Outpatient 1 through 30 days After Discharge from Index Hospi Skilled Nursing Facility 1 through 30 days After Discharge from Index Hospi **Durable Medical Equipment** Carrier 1 through 30 days After Discharge from Index Hospi Complete Episode Total 1 to 3 days Prior to Index Hospital Admission Home Health Agency 1 to 3 days Prior to Index Hospital Admission Hospice 1 to 3 days Prior to Index Hospital Admission Inpatient Outpatient 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission Durable Medical Equipment

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| \$0.00 | \$0.00 | \$0.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$7057.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$20.00 | \$19.00 | \$24.00 |
| \$1086.00 | \$1653.00 | \$1804.00 |
| \$353.00 | \$338.00 | \$696.00 |
| \$66.00 | \$79.00 | \$110.00 |
| \$1019.00 | \$1777.00 | \$2493.00 |
| \$791.00 | \$729.00 | \$602.00 |
| \$3216.00 | \$2700.00 | \$3012.00 |
| \$57.00 | \$101.00 | \$108.00 |
| \$522.00 | \$720.00 | \$963.00 |
| \$14376.00 | \$17263.00 | \$18358.00 |
| \$11.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$15.00 | \$5.00 | \$5.00 |
| \$87.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$8.00 | \$9.00 | \$9.00 |

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| I | |
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| | 45.18% |
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| | 0.07% |
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| | 0.03% |
| I | 0.37% |
| | 0.02% |
| | 0.05% |

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| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
|------------------------------------|--------|----|
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
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| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| ST FRANCIS REGIONAL MEDICAL CENTER | 240104 | MN |
| REGIONS HOSPITAL | 240106 | MN |

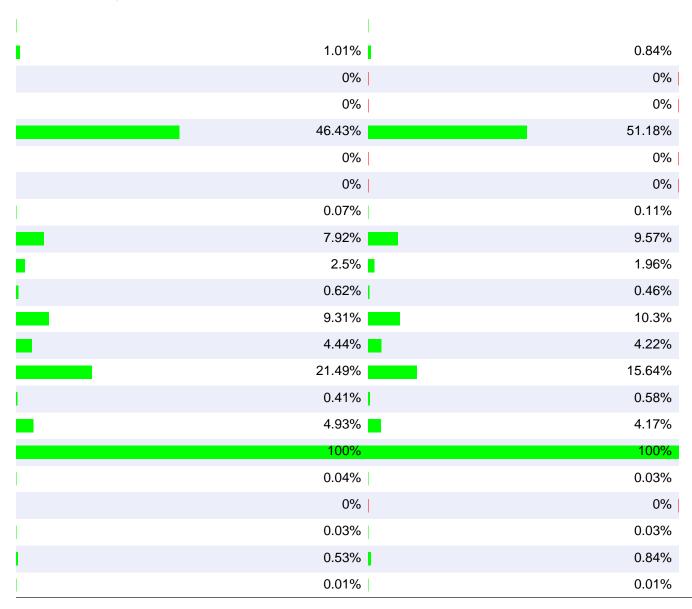
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| 1 to 3 days Prior to Index Hospital Admission | Carrier |
|--|---------------------------|
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |

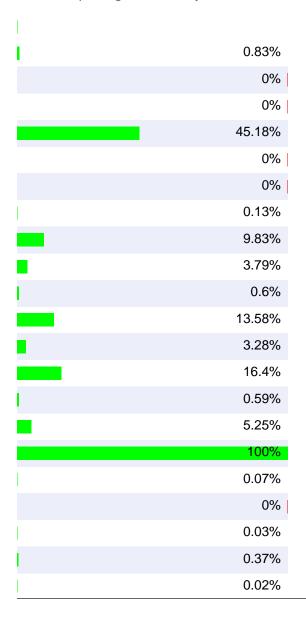
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| \$141.00 | \$145.00 | \$152.00 |
|------------|------------|------------|
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6516.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$11.00 | \$19.00 | \$24.00 |
| \$1112.00 | \$1653.00 | \$1804.00 |
| \$351.00 | \$338.00 | \$696.00 |
| \$87.00 | \$79.00 | \$110.00 |
| \$1306.00 | \$1777.00 | \$2493.00 |
| \$624.00 | \$729.00 | \$602.00 |
| \$3015.00 | \$2700.00 | \$3012.00 |
| \$58.00 | \$101.00 | \$108.00 |
| \$692.00 | \$720.00 | \$963.00 |
| \$14034.00 | \$17263.00 | \$18358.00 |
| \$6.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$5.00 | \$5.00 | \$5.00 |
| \$93.00 | \$145.00 | \$68.00 |
| \$2.00 | \$2.00 | \$3.00 |

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| REGIONS HOSPITAL | 240106 | MN |
|------------------|--------|----|
| REGIONS HOSPITAL | 240106 | MN |
| MERCY HOSPITAL | 240115 | MN |

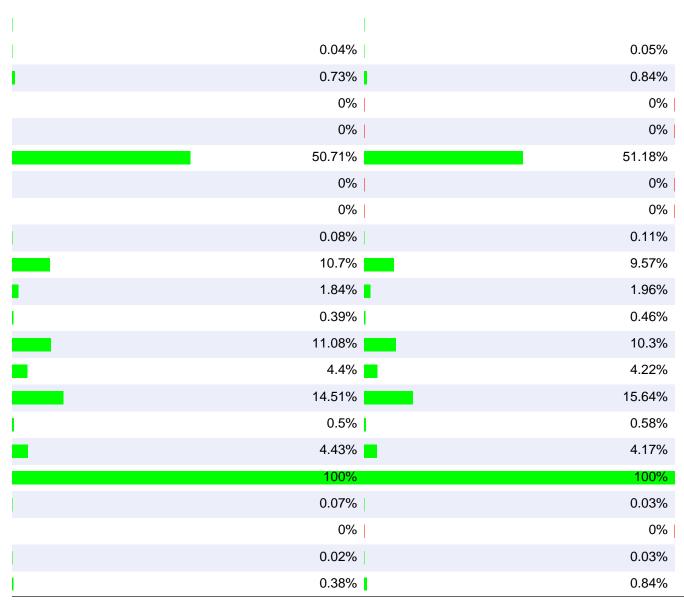
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| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |

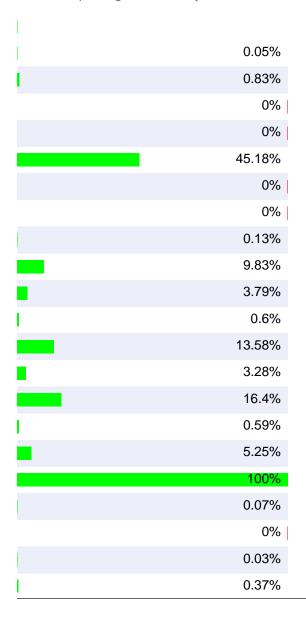
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| \$7.00 | \$9.00 | \$9.00 |
|------------|------------|------------|
| \$129.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8948.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$14.00 | \$19.00 | \$24.00 |
| \$1888.00 | \$1653.00 | \$1804.00 |
| \$325.00 | \$338.00 | \$696.00 |
| \$68.00 | \$79.00 | \$110.00 |
| \$1955.00 | \$1777.00 | \$2493.00 |
| \$776.00 | \$729.00 | \$602.00 |
| \$2559.00 | \$2700.00 | \$3012.00 |
| \$88.00 | \$101.00 | \$108.00 |
| \$781.00 | \$720.00 | \$963.00 |
| \$17644.00 | \$17263.00 | \$18358.00 |
| \$11.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$2.00 | \$5.00 | \$5.00 |
| \$57.00 | \$145.00 | \$68.00 |

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| MERCY HOSPITAL | 240115 | MN |
|------------------------------------|--------|----|
| MERCY HOSPITAL | 240115 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |

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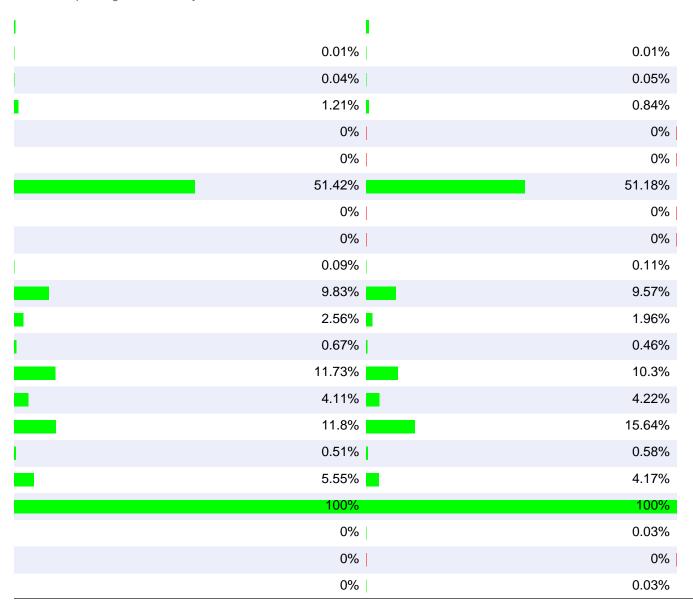
1 to 3 days Prior to Index Hospital Admission Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission **Durable Medical Equipment** 1 to 3 days Prior to Index Hospital Admission Carrier **During Index Hospital Admission** Home Health Agency **During Index Hospital Admission** Hospice **During Index Hospital Admission** Inpatient Outpatient **During Index Hospital Admission During Index Hospital Admission** Skilled Nursing Facility **During Index Hospital Admission Durable Medical Equipment** Carrier **During Index Hospital Admission** Home Health Agency 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Hospice 1 through 30 days After Discharge from Index Hospi Inpatient 1 through 30 days After Discharge from Index Hospi Outpatient 1 through 30 days After Discharge from Index Hospi Skilled Nursing Facility 1 through 30 days After Discharge from Index Hospi **Durable Medical Equipment** 1 through 30 days After Discharge from Index Hospi Carrier Total Complete Episode 1 to 3 days Prior to Index Hospital Admission Home Health Agency Hospice 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission Inpatient

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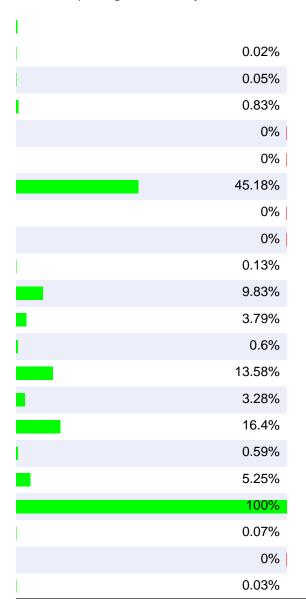
| \$3.00 | \$2.00 | \$1.00 |
|----------|----------|----------|
| \$9.00 | \$9.00 | \$6.00 |
| \$152.00 | \$145.00 | \$184.00 |

| \$9.00 | \$9.00 | \$6.00 |
|------------|------------|------------|
| \$152.00 | \$145.00 | \$184.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8294.00 | \$8835.00 | \$7817.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$14.00 |
| \$1804.00 | \$1653.00 | \$1495.00 |
| \$696.00 | \$338.00 | \$390.00 |
| \$110.00 | \$79.00 | \$102.00 |
| \$2493.00 | \$1777.00 | \$1783.00 |
| \$602.00 | \$729.00 | \$624.00 |
| \$3012.00 | \$2700.00 | \$1794.00 |
| \$108.00 | \$101.00 | \$77.00 |
| \$963.00 | \$720.00 | \$844.00 |
| \$18358.00 | \$17263.00 | \$15203.00 |
| \$14.00 | \$5.00 | \$1.00 |
| \$1.00 | \$0.00 | \$0.00 |
| \$5.00 | \$5.00 | \$0.00 |

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| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
|------------------------------------|--------|----|
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
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| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| MAYO CLINIC HEALTH SYSTEM - AUSTIN | 240117 | MN |
| UNITY HOSPITAL | 240132 | MN |
| UNITY HOSPITAL | 240132 | MN |

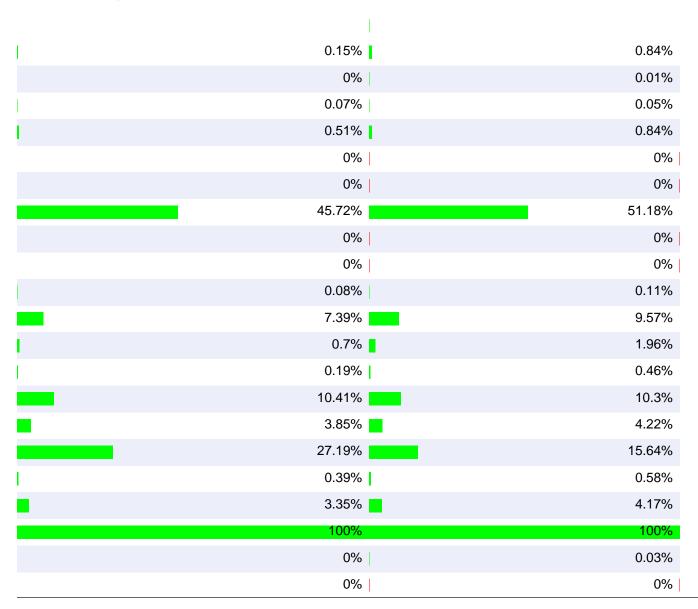
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| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |

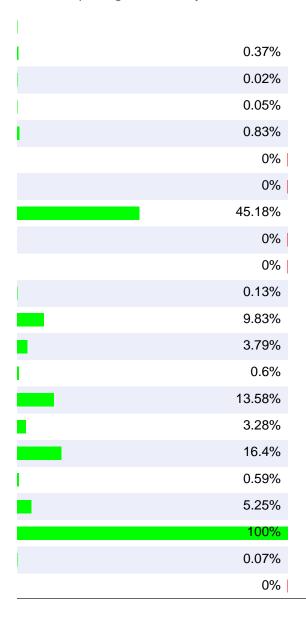
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| \$22.00 | \$145.00 | \$68.00 |
|------------|------------|------------|
| \$0.00 | \$2.00 | \$3.00 |
| \$9.00 | \$9.00 | \$9.00 |
| \$74.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6609.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$12.00 | \$19.00 | \$24.00 |
| \$1069.00 | \$1653.00 | \$1804.00 |
| \$101.00 | \$338.00 | \$696.00 |
| \$27.00 | \$79.00 | \$110.00 |
| \$1504.00 | \$1777.00 | \$2493.00 |
| \$556.00 | \$729.00 | \$602.00 |
| \$3930.00 | \$2700.00 | \$3012.00 |
| \$57.00 | \$101.00 | \$108.00 |
| \$484.00 | \$720.00 | \$963.00 |
| \$14454.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |

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| UNITY HOSPITAL | 240132 | MN |
|--------------------------------------|--------|----|
| UNITY HOSPITAL | 240132 | MN |
| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |

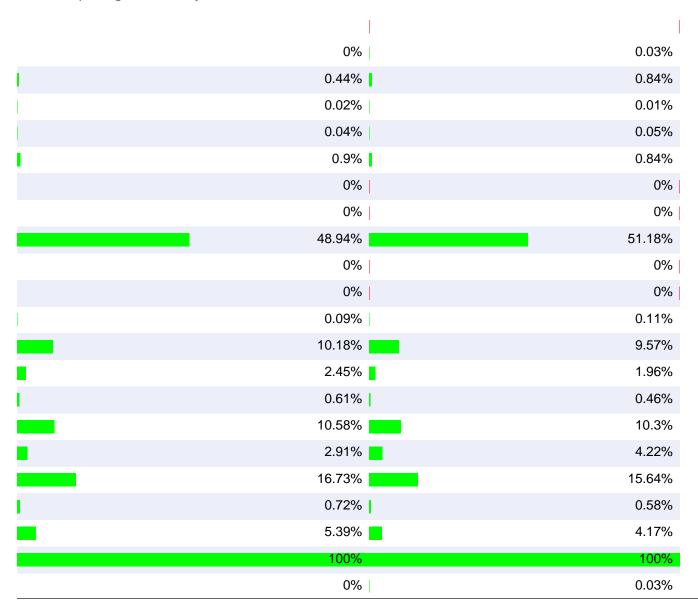
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| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |

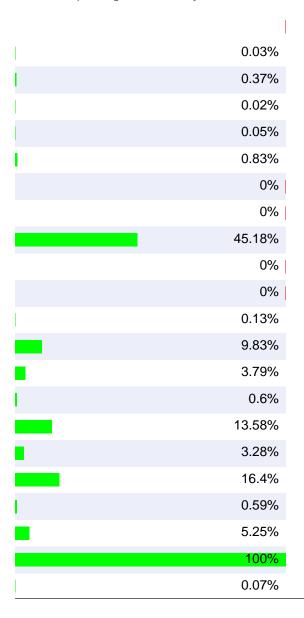
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| \$0.00 | \$5.00 | \$5.00 |
|------------|------------|------------|
| \$69.00 | \$145.00 | \$68.00 |
| \$3.00 | \$2.00 | \$3.00 |
| \$6.00 | \$9.00 | \$9.00 |
| \$139.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7601.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$13.00 | \$19.00 | \$24.00 |
| \$1580.00 | \$1653.00 | \$1804.00 |
| \$380.00 | \$338.00 | \$696.00 |
| \$95.00 | \$79.00 | \$110.00 |
| \$1643.00 | \$1777.00 | \$2493.00 |
| \$453.00 | \$729.00 | \$602.00 |
| \$2597.00 | \$2700.00 | \$3012.00 |
| \$113.00 | \$101.00 | \$108.00 |
| \$838.00 | \$720.00 | \$963.00 |
| \$15530.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |

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| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |
|--------------------------------------|--------|----|
| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |
| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |
| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |
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| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |
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| FAIRVIEW NORTHLAND REGIONAL HOSPITAL | 240141 | MN |

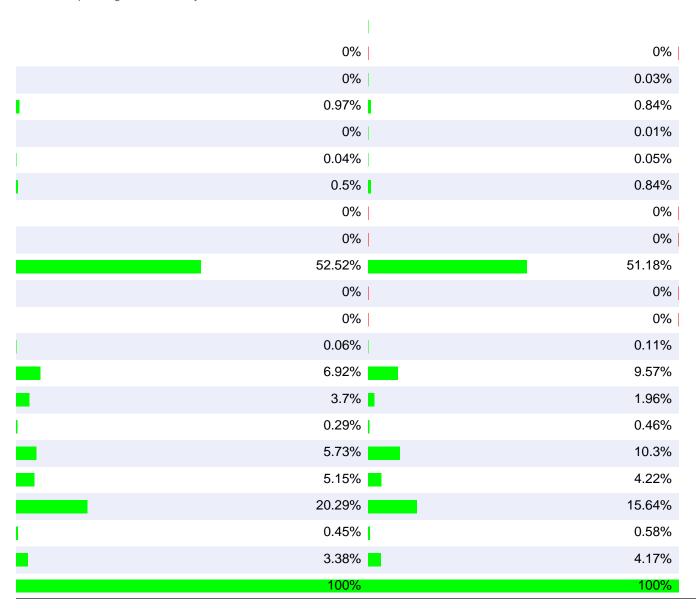
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| 1 to 3 days Prior to Index Hospital Admission | Hospice |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |

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| \$13403.00 | \$17263.00 | \$18358.00 |
|------------|------------|------------|
| \$453.00 | \$720.00 | \$963.00 |
| \$60.00 | \$101.00 | \$108.00 |
| \$2720.00 | \$2700.00 | \$3012.00 |
| \$691.00 | \$729.00 | \$602.00 |
| \$769.00 | \$1777.00 | \$2493.00 |
| \$38.00 | \$79.00 | \$110.00 |
| \$495.00 | \$338.00 | \$696.00 |
| \$927.00 | \$1653.00 | \$1804.00 |
| \$8.00 | \$19.00 | \$24.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7039.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$67.00 | \$145.00 | \$152.00 |
| \$5.00 | \$9.00 | \$9.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$130.00 | \$145.00 | \$68.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$0.00 | \$0.00 | \$1.00 |

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| | 0% |
|---|--------|
| | 0.03% |
| I | 0.37% |
| | 0.02% |
| | 0.05% |
| l | 0.83% |
| | 0% |
| | 0% |
| | 45.18% |
| | 0% |
| | 0% |
| | 0.13% |
| | 9.83% |
| | 3.79% |
| I | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| 1 | 0.59% |
| | 5.25% |
| | 100% |

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| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
|--------------------------------------|--------|----|
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
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| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
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| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |

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| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |

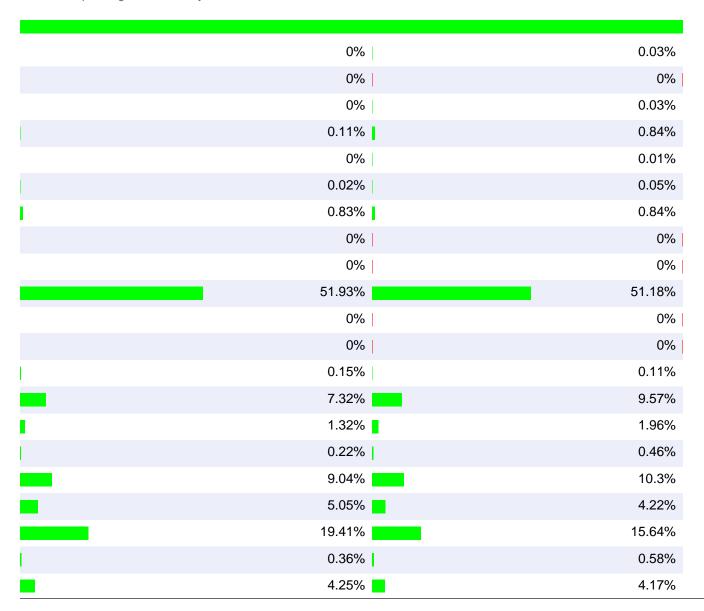
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Spending Breakdown by Claim MN

| Based on Spending Breakdow | vn by Claim |
|----------------------------|-------------|
|----------------------------|-------------|

| \$44.00 \$521.00 | \$101.00 \$720.00 | \$108.00 \$963.00 |
|---------------------|----------------------|----------------------|
| \$2378.00 | \$2700.00 | \$3012.00 |
| \$619.00 | \$729.00 | \$602.00 |
| \$1108.00 | \$1777.00 | \$2493.00 |
| \$27.00 | \$79.00 | \$110.00 |
| \$162.00 | \$338.00 | \$696.00 |
| \$896.00 | \$1653.00 | \$1804.00 |
| \$18.00 | \$19.00 | \$24.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6364.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$101.00 | \$145.00 | \$152.00 |
| \$2.00 | \$9.00 | \$9.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$14.00 | \$145.00 | \$68.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$14.00 |

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| | 0.07% |
|---|--------|
| | 0% |
| | 0.03% |
| | 0.37% |
| | 0.02% |
| | 0.05% |
| l | 0.83% |
| | 0% |
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| | 45.18% |
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| | 0% |
| | 0.13% |
| | 9.83% |
| | 3.79% |
| | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| | 0.59% |
| | 5.25% |

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| MAYO CLINIC HEALTH SYSTEM - FAIRMONT | 240166 | MN |
|--------------------------------------|--------|----|
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
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| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |

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| Complete Episode | Total |
|--|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |

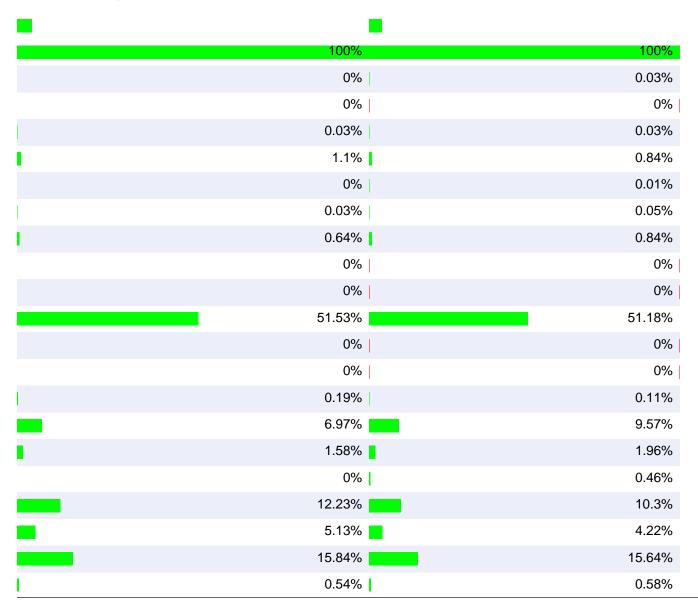
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Spending Breakdown by Claim MN

| baseu | OH S | spending | Dreakdown | Dy | Ciaim |
|-------|------|----------|-----------|----|-------|
| | | | | | |
| | | | | | |

| \$12254.00 | \$17263.00 | \$18358.00 |
|------------|------------|------------|
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$5.00 | \$5.00 | \$5.00 |
| \$148.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$4.00 | \$9.00 | \$9.00 |
| \$86.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6944.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$26.00 | \$19.00 | \$24.00 |
| \$940.00 | \$1653.00 | \$1804.00 |
| \$214.00 | \$338.00 | \$696.00 |
| \$0.00 | \$79.00 | \$110.00 |
| \$1648.00 | \$1777.00 | \$2493.00 |
| \$692.00 | \$729.00 | \$602.00 |
| \$2135.00 | \$2700.00 | \$3012.00 |
| \$73.00 | \$101.00 | \$108.00 |

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| | 100% |
|---|--------|
| | 0.07% |
| | 0% |
| | 0.03% |
| I | 0.37% |
| | 0.02% |
| 1 | 0.05% |
| I | 0.83% |
| | 0% |
| | 0% |
| | 45.18% |
| | 0% |
| | 0% |
| | 0.13% |
| | 9.83% |
| | 3.79% |
| I | 0.6% |
| | 13.58% |
| | 3.28% |
| | 16.4% |
| I | 0.59% |

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| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
|-----------------------------|--------|----|
| HUTCHINSON AREA HEALTH CARE | 240187 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
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| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
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| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
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| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |

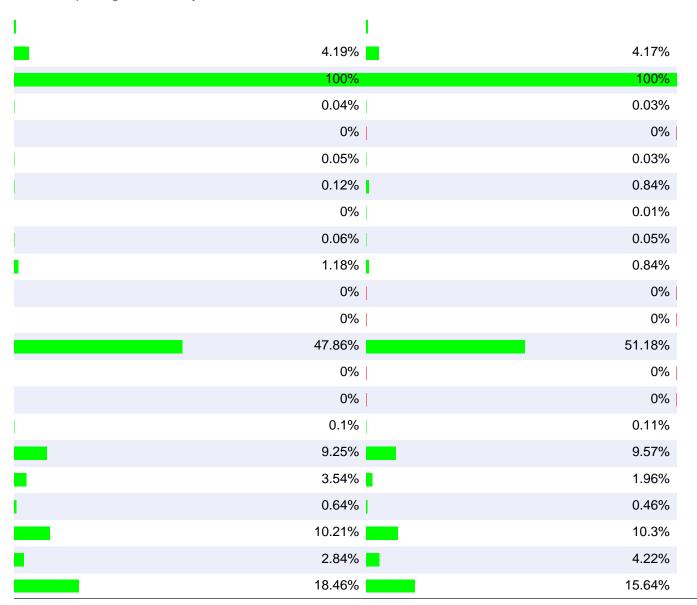
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| 1 through 30 days After Discharge from Index Hospi | Carrier |
|--|---------------------------|
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |

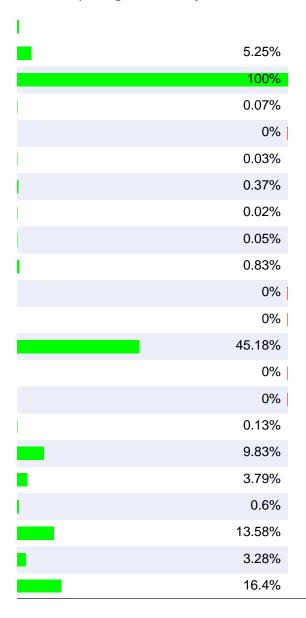
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| \$565.00 | \$720.00 | \$963.00 |
|------------|------------|------------|
| \$13477.00 | \$17263.00 | \$18358.00 |
| \$6.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$8.00 | \$5.00 | \$5.00 |
| \$19.00 | \$145.00 | \$68.00 |
| \$1.00 | \$2.00 | \$3.00 |
| \$9.00 | \$9.00 | \$9.00 |
| \$195.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7938.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$17.00 | \$19.00 | \$24.00 |
| \$1534.00 | \$1653.00 | \$1804.00 |
| \$588.00 | \$338.00 | \$696.00 |
| \$106.00 | \$79.00 | \$110.00 |
| \$1693.00 | \$1777.00 | \$2493.00 |
| \$471.00 | \$729.00 | \$602.00 |
| \$3061.00 | \$2700.00 | \$3012.00 |

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| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
|-------------------------------|--------|----|
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| FAIRVIEW RIDGES HOSPITAL | 240207 | MN |
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
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| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |

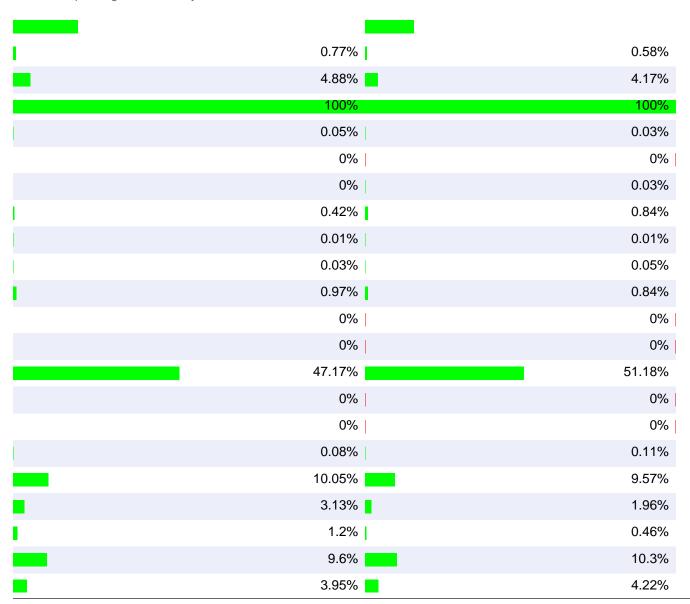
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| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |
| 1 through 30 days After Discharge from Index Hospi | Outpatient |

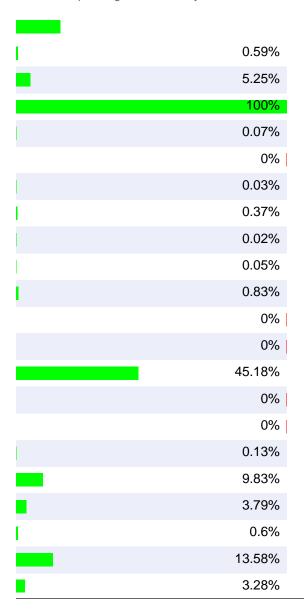
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| \$128.00 | \$101.00 | \$108.00 |
|------------|------------|------------|
| \$810.00 | \$720.00 | \$963.00 |
| \$16584.00 | \$17263.00 | \$18358.00 |
| \$8.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$65.00 | \$145.00 | \$68.00 |
| \$1.00 | \$2.00 | \$3.00 |
| \$5.00 | \$9.00 | \$9.00 |
| \$150.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$7265.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$12.00 | \$19.00 | \$24.00 |
| \$1547.00 | \$1653.00 | \$1804.00 |
| \$483.00 | \$338.00 | \$696.00 |
| \$185.00 | \$79.00 | \$110.00 |
| \$1479.00 | \$1777.00 | \$2493.00 |
| \$608.00 | \$729.00 | \$602.00 |

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| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
|-------------------------------|--------|----|
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
| HEALTHEAST ST JOHN'S HOSPITAL | 240210 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
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| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |

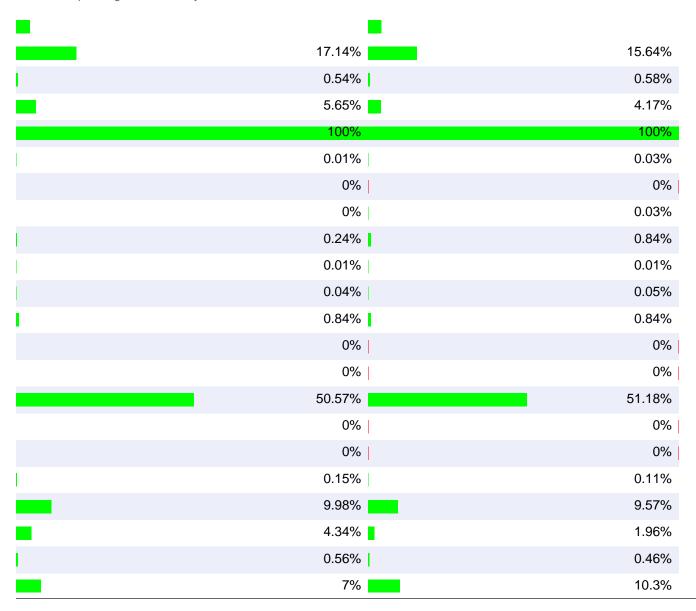
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| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospi | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospi | Hospice |
| 1 through 30 days After Discharge from Index Hospi | Inpatient |

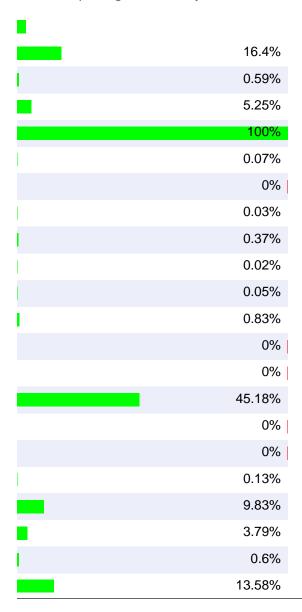
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| \$2640.00 | \$2700.00 | \$3012.00 |
|------------|------------|------------|
| \$83.00 | \$101.00 | \$108.00 |
| \$871.00 | \$720.00 | \$963.00 |
| \$15403.00 | \$17263.00 | \$18358.00 |
| \$2.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$0.00 | \$5.00 | \$5.00 |
| \$39.00 | \$145.00 | \$68.00 |
| \$1.00 | \$2.00 | \$3.00 |
| \$7.00 | \$9.00 | \$9.00 |
| \$136.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$8198.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$24.00 | \$19.00 | \$24.00 |
| \$1618.00 | \$1653.00 | \$1804.00 |
| \$704.00 | \$338.00 | \$696.00 |
| \$90.00 | \$79.00 | \$110.00 |
| \$1136.00 | \$1777.00 | \$2493.00 |

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| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
|-------------------------------|--------|----|
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| HEALTHEAST WOODWINDS HOSPITAL | 240213 | MN |
| MAPLE GROVE HOSPITAL | 240214 | MN |
| MAPLE GROVE HOSPITAL | 240214 | MN |
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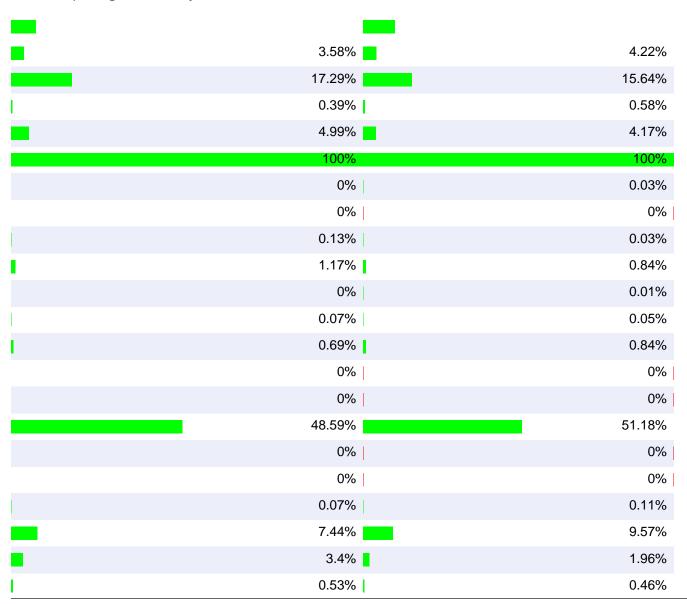
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1 through 30 days After Discharge from Index Hospi Outpatient 1 through 30 days After Discharge from Index Hospi Skilled Nursing Facility 1 through 30 days After Discharge from Index Hospi **Durable Medical Equipment** 1 through 30 days After Discharge from Index Hospi Carrier Total Complete Episode 1 to 3 days Prior to Index Hospital Admission Home Health Agency 1 to 3 days Prior to Index Hospital Admission Hospice 1 to 3 days Prior to Index Hospital Admission Inpatient 1 to 3 days Prior to Index Hospital Admission Outpatient Skilled Nursing Facility 1 to 3 days Prior to Index Hospital Admission **Durable Medical Equipment** 1 to 3 days Prior to Index Hospital Admission 1 to 3 days Prior to Index Hospital Admission Carrier Home Health Agency **During Index Hospital Admission During Index Hospital Admission** Hospice **During Index Hospital Admission** Inpatient **During Index Hospital Admission** Outpatient Skilled Nursing Facility **During Index Hospital Admission During Index Hospital Admission Durable Medical Equipment** Carrier **During Index Hospital Admission** Home Health Agency 1 through 30 days After Discharge from Index Hospi 1 through 30 days After Discharge from Index Hospi Hospice

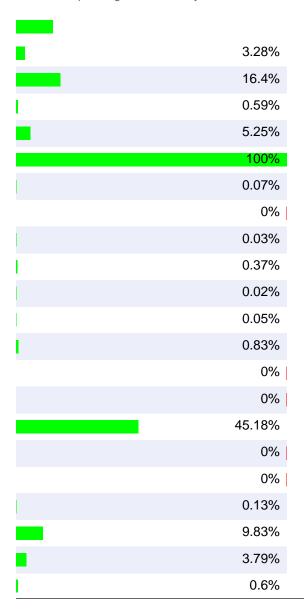
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| \$580.00 | \$729.00 | \$602.00 |
|------------|------------|------------|
| \$2803.00 | \$2700.00 | \$3012.00 |
| \$64.00 | \$101.00 | \$108.00 |
| \$809.00 | \$720.00 | \$963.00 |
| \$16211.00 | \$17263.00 | \$18358.00 |
| \$0.00 | \$5.00 | \$14.00 |
| \$0.00 | \$0.00 | \$1.00 |
| \$19.00 | \$5.00 | \$5.00 |
| \$164.00 | \$145.00 | \$68.00 |
| \$0.00 | \$2.00 | \$3.00 |
| \$9.00 | \$9.00 | \$9.00 |
| \$97.00 | \$145.00 | \$152.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6849.00 | \$8835.00 | \$8294.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$10.00 | \$19.00 | \$24.00 |
| \$1049.00 | \$1653.00 | \$1804.00 |
| \$479.00 | \$338.00 | \$696.00 |
| \$74.00 | \$79.00 | \$110.00 |

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| MAPLE GROVE HOSPITAL | 240214 | MN |
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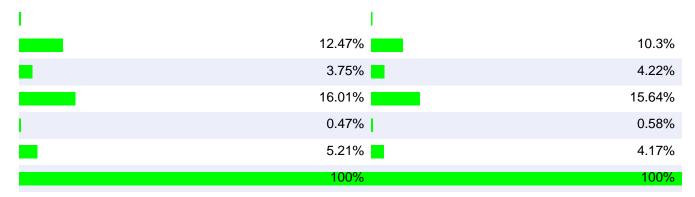
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| 1 through 30 days After Discharge from Index Hospi | Inpatient |
|--|---------------------------|
| 1 through 30 days After Discharge from Index Hospi | Outpatient |
| 1 through 30 days After Discharge from Index Hospi | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospi | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospi | Carrier |
| Complete Episode | Total |

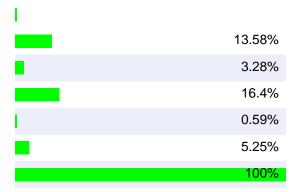
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| \$1757.00 | \$1777.00 | \$2493.00 |
|------------|------------|------------|
| \$528.00 | \$729.00 | \$602.00 |
| \$2256.00 | \$2700.00 | \$3012.00 |
| \$67.00 | \$101.00 | \$108.00 |
| \$735.00 | \$720.00 | \$963.00 |
| \$14094.00 | \$17263.00 | \$18358.00 |

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